Intra-Company Internship Request

Employee Details	
Full Name	
Employee ID	
Current Department	
Current Position	
lista waabiin lista waatii a s	
Internship Information	
Requested Department	
Internship Duration (e.g., 3 months)	
Internship Goals & Objectives	
Proposed Supervisor (if known)	
Approval	
Approval	
Current Manager's Name	
Manager's Comments	

ate		