

**BOWLING GREEN STATE UNIVERSITY  
NON-CONTINUING ATHLETIC INTERNSHIP APPOINTMENT CONTRACT**

Name _____	BGSU ID# _____
Has this individual previously worked or currently working for BGSU? Yes      No	
Did you conduct a competitive search? Yes      No	I-9 Completed    Yes
Internship Title _____	Department Name _____
<b>Internship Dates:</b> Beginning Date _____	FTE _____
Ending Date _____	<b>Internship Compensation</b> will be on a bi-weekly basis.
<b>Funding:</b> Fund/Dept. # _____	Hourly Rate \$ _____ for a total fixed amount of
Fund/Project ID _____	Internship of \$ _____

I am pleased to offer you a non-continuing athletic internship appointment at Bowling Green State University. A description of your duties and responsibilities is attached. Under this agreement, it is understood that you will render temporary service during your internship and are not eligible to receive increases applicable to faculty, administrative, or classified staff. The University will pay you on a bi-weekly basis under the terms stated above.

Appointees are considered guests at the University and shall adhere to all University policies and procedures. This agreement may be terminated by either party at any time upon notice by one party to the other. The University shall have the right to terminate your internship at any time for any reason including, but not limited to for cause, unsatisfactory performance, lack of funds, reorganization, or elimination of the position. Compensation under this appointment shall continue to the termination date or last date you worked. This appointment cannot exceed one year, without the approval of the Chief Human Resources Officer in consultation with the Director of Inter Collegiate Athletics. The University will provide appointees with Worker's Compensation coverage, unemployment coverage, and membership in the OPERS retirement system. Appointees will not accrue any leave time (sick, vacation, personal) while on this contract, nor can you utilize any previously accrued leave time.

This agreement and the services rendered hereunder are subject to the provisions of the Constitution and the Revised Code of Ohio, of the official regulations of the Board of Trustees of the University, and the policies and procedures of the University as they may from time to time be amended. Any specific provision found to be contrary to the Constitution or Laws of the State of Ohio is to be considered void without invalidating other provisions of this appointment.

To accept this appointment, you must sign the acceptance line at the end of this contract. Internship duties cannot be performed under any circumstances without an approved executed contract. The terms of this agreement may not be modified or altered by any oral statements or representations.

**Approvals (Appropriate signature authority for area/department)**

_____	_____	_____
PI (if applicable)	Title	Date
_____	_____	_____
Initiator	Title	Date
_____	_____	_____
Contracting Officer	Title	Date
_____	_____	_____
Budget Director (VP area) (Fin & Admin)	Title	Date
_____	_____	_____
Vice President/President of Appointee	Title	Date

I accept this appointment: \_\_\_\_\_  
Appointee Date