

NEW YORK CITY HOUSING AUTHORITY
INTERNSHIP DESCRIPTION FORM

Please submit a separate job description for each internship position
and send via email to internships@nycha.nyc.gov.

DEPARTMENT NAME:		
DEPARTMENT DIRECTOR'S NAME:		
INTERNSHIP SUPERVISOR'S NAME:	SUPERVISOR'S PHONE NUMBER:	
INTERNSHIP SUPERVISOR'S TITLE:		
DEPARTMENT DESCRIPTION AND MISSION:		
INTERNSHIP POSITION TITLE:	EMPLOYEE ID #:	NUMBER OF INTERNS NEEDED FOR THIS POSITION:
DAILY TASKS/DUTIES:		
PROJECTS/ASSIGNMENTS DESCRIPTION (DESCRIBE ANY PHYSICAL ACTIVITIES REQUIRED).		
INDICATE REQUIRED QUALIFICATIONS SKILLS / EXPERIENCE		
WHAT DEGREE OF INTERACTIONS DOES THE INTERN HAVE WITH EMPLOYEES, CUSTOMERS AND / OR CLIENTS		
PHYSICAL LOCATION OF THE INTERNSHIP (INCLUDE ADDRESS AND FLOOR NUMBER)		



DISTRIBUTION OF WORK (PERCENTAGES TO ADD UP TO 100%):

% NON-CLERICAL

% CLERICAL

% FIELD WORK

BY THE END OF THE INTERNSHIP, WHAT SKILLS CAN THE INTERN EXPECT TO DEVELOP?

<input type="checkbox"/> ANALYTICAL	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> COMPUTER	<input type="checkbox"/> INTERVIEWING	<input type="checkbox"/> LEADERSHIP
<input type="checkbox"/> WRITING	<input type="checkbox"/> ORGANIZATION	<input type="checkbox"/> PROBLEM SOLVING AND DECISION MAKING		<input type="checkbox"/> CRITICAL THINKING
<input type="checkbox"/> OTHER:				

EXPECTED PROJECT TIMEFRAME:

FROM:

TO:

"OR" WEEK(S):

INDICATE PREFERRED SCHEDULE:

NOTE: INTERNSHIPS CAN ONLY BE 15-20 HRS PER WEEK (MAXIMUM OF 20 HRS) DURING ACADEMIC YEAR. FULL TIME IN SUMMER.

NUMBER OF HOURS PER WEEK

<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> FLEXIBLE
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INTERNSHIP COMPENSATION INFORMATION:

<input type="checkbox"/> PAID *	<input type="checkbox"/> UNPAID
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HOW IS THE INTERNSHIP OFFERED?

<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
<input type="checkbox"/> FALL	<input type="checkbox"/> YEAR ROUND

*PAID AMOUNT: _____ TO _____ PER: _____

ADDITIONAL COMMENTS:

Department Director or Designee Approval:

Signature: _____ Date: _____

