



Student Work- Training Internship
Summer Month Extension

As a student of the Clarksville Montgomery County School System (CMCSS), you have been participating in a work-training internship program as part of your education curriculum under the coordination of the Clarksville Operations Department and Special Populations Department. As a pilot program, you have been selected to have this work-training internship program extended for one month in the summer _____.

Date

CMCSS will be providing you, the student, a five hundred dollar (\$500.00) stipend at the successful completion of this summer extension of participating in this program. Successful completion will be determined at the discretion of a designee from the Operations Department, and a designee from the Special Populations Department. The stipend will be paid during the month. Appropriate taxes will be deducted and a W-2 will be issued for each tax year that you receive a stipend (July _____).

Year

At no point are you an employee of CMCSS This stipend does not represent wages for the work-training program.

Signatures/Dates

Student _____
Print Name Signature Date

Parent _____
Print Name Signature Date

Special Populations Department _____
Signature Date

Operations Department _____
Signature Date