

**Trinity Support Services
Pre-Professional Internship Program**

Absence Make-Up Form
(Student Initiated)

Part 1

Intern name: _____

Supervisor: _____

Site: _____

Contact Number/e-mail: _____

Absence Date: _____

Please check either option A or B.

A. Proposed Make-up Date(s) and Time(s): _____

B. Intern does not need to make this date up.

Note: (A maximum of two absences may be waived per year for each intern.)

The Pre-Professional Intern and I have discussed the intern's absence and mutually agree that the Intern will make up lost time via the date and time mentioned above or I have chosen option B in which case the absence will not be made up.

Signature of Supervisor

Signature of Intern

Date

Date

After Part 1 has been completed, a copy of this form must be submitted to TSS staff at the Siena Center or the Trinity High School President's Office. The form will be copied and returned to the intern. When the make-up work has been completed, the Intern will ask the Supervisor to complete Part 2. The form with Parts 1&2 completed must be submitted to the TSS staff at Siena Center or the Trinity High School President's Office.

Part 2 (For Option A only)

I affirm that the Intern named above has completed the required make-up commitment for the date and time listed in Part 1 of this sheet.

Signature of Supervisor

Date