

Department: Industry Linkages and Development Office

Document Code: QF-SIP-02

Rev. No.: 04
Effective Date: November 30, 2021

### STUDENT INTERNSHIP PROGRAM AGREEMENT

I.	The
	Isaac Asreil D. Sermona to enter its premises as a
	(Name of Student Intern)
	student-intern for purposes of gaining experience in the field of <u>BS Information Technology</u> .  (Course Major)
II.	The training course requires 600 hours of work experience. The student-trainee will report in accordance with the approved work schedule of the training center (January to May 2025)
III.	The SIP supervisor and/or ILDO coordinator shall, with the assistance of the SIP Center Supervisor, prepare a training plan for the student-intern.
IV.	The student-intern shall not be paid compensation; however, the SIP Center is not prohibited to provide allowance to the student-intern at its own discretion.
V.	There shall be no employer-employee relationship between the student-intern and the SIP Center. Neither shall the student-intern displace a regular worker, nor substitute for a worker needed by the SIP Center.
VI.	The student-intern while in the process of gaining occupational experience, will not be permitted to remain in any operation, job, or phase of the occupation beyond the period of time necessary for him to become proficient.
VII.	The parent/guardian shall be responsible for the personal conduct of the student-intern while on training, which may result to damages or injury to the SIP Center, fellow interns and company personnel, arising from the student-intern's negligence and/or malicious acts.
/III.	All complaints relative to the student internship program either raised by the student-intern or the SIP Center, shall be channeled to the SIP Supervisor and/or ILDO Coordinator for proper disposition.
IX.	The SIP Supervisor and/or ILDO Coordinator and the SIP Center Supervisor shall have the authority to transfer or withdraw the student-intern from the SIP Center for any valid reason.
Χ.	The Internship Program of the student-intern shall conform to the rules and regulations of the SIP Center, as well as policy guidelines and issuances of the University, Department of Labor and Employment (DOLE) and other valid laws of the Republic of the Philippines.

MAY FLORENCE J. FRANCO, Ph.D.	Isaac Asreil D. Sermona	
SIP Supervisor	Student-Intern	
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MAY FLORENCE J. FRANCO, Ph.D.	Veronica D. Sermona	
ILDO Coordinator	Parent/Guardian	
JOYCE F. JAMILE, MSCS	Dr. Arwin O. Raso	
Program Coordinator/Department Head	Regional Director	
- rogram coordinaton = oparimon roda	(SIP Center Representative/Supervisor)	
TRACY T. TACUBAN, DIT  Dean/Campus Administrator		
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MAY FLORENCE J. FRANCO SIP Supervisor, <u>BSIT 4 – C</u> Iloilo Science and Technology University <u>Main (La Paz)</u> Campus			
Sir/Madam:			
I, the undersigned parent/guardian of Isaac Asreil D. Sermona(Name of Student)			
hereby request that my son/daughter presently enrolled in BSIT 4 - C			
at Iloilo Science and Technology University <u>Main (La Paz)</u> Campus, be permitted to participate			
in the Student Internship Program as agreed by your school and <u>Department of Social Welfare and Development</u> subject to the following conditions:  (SIP Center)			
<ol> <li>No compensation shall be given to my son/daughter during the duration of his/her internship training except any allowance which the SIP Center may desire to give him/her at its own discretion.</li> </ol>			
<ol> <li>The University shall not be liable for any injury/sickness that my son/daughter may incur arising from his/her Internship training program; and</li> </ol>			
<ol> <li>As the parent/guardian, I shall be responsible for the personal conduct of my son/daughter as a student-intern while on training, which may result to damages or injury to the SIP Center, fellow interns, and company personnel, arising from my son/daughter's negligence and/or malicious acts.</li> </ol>			
Very truly yours,			
Veronica D. Sermona (Parent/Guardian)			
Accepted:			

MAY FLORENCE J. FRANCO, Ph.D. SIP Supervisor



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	Project 4 Sooc Arevalo, Iloilo City
Department of Social Welfare and Development  Dswd Field Office Region Vi  Molo, Iloilo City  (Name and address of Company)	(Parents Address)
Sir/Madam:	
I, the undersigned parent/guardian ofhereby request that my son/daughter presently enro	Isaac Asreil D. Sermona  (Name of Student)  BSIT 4 - C  (Course, Year, Section and Major)
at Iloilo Science and Technology University Main	
in the Student Internship Program as agreed by Department aforementioned university, subject to the following control of the student Internship Program as agreed by Department and Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as agreed by Department of the Student Internship Program as a student Inte	coartment of Social Welfare and Development and the (SIP Center) conditions:
<ol> <li>No compensation shall be given to my straining except any allowance which the discretion.</li> <li>The SIP Center reserves the right to te student under training.</li> <li>The SIP Center is not obliged to hire the 5. The parent/guardian shall be responsible on training, which may result to damages personnel, arising from the student-interr</li> <li>The student-trainee and parents/guardiate the SIP Center and/or the University for a or suffer, personal or pecuniary, in the personal contents of the student or suffer.</li> </ol>	an concerned renounce and waive any claim against any injury or loss that the student-trainee may sustain erformance of his/her duties and functions while under e negligence or fault of any of the employees, officers,
Noted:	Accepted:



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MAY FLORENCE J. FRANCO, Ph.D.	Dr. Arwin O. Raso
SIP Supervisor	Regional Director (SIP Center Representative/Supervisor)
	(SIF Ceriter Representative/Supervisor)
	Project 4 Sooc, Arevalo Iloilo City
D	(Parents Address)
Department of Social Welfare and Development  Dswd Field Office Region Vi	
Molo, Iloilo City	
(Name and address of Company)	
Sir/Madam:	
I, the undersigned parent/guardian ofIs	aac Asreil D. Sermona
hereby request that my son/daughter presently enrolled in	(Name of Student) BSIT 4 - C
	(Course, Year, Section and Major)
at Iloilo Science and Technology University Main (La Pa	az) Campus, be permitted to participate
in the Student Internship Program as agreed by Departme	ent of Social Welfare and Development and the (SIP Center)
aforementioned University, subject to the following condition	ons:
<ul> <li>Render overtime service to the SIP 0</li> </ul>	Center
<ul> <li>Serve the internship hours in a shifti</li> </ul>	ng schedule
	Very truly yours,
	Veronica D. Sermona
(Si	gnature above Printed Name of Parent/Guardian)
Noted:	Accepted:
MAY FLORENCE J. FRANCO, Ph.D	Dr. Arwin O. Raso
SIP Supervisor	Regional Director (SIP Center Representative/Supervisor)
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