## **INTERNSHIP AGREEMENT**

**THIS AGREEMENT** is made by and between CORNERSTEEL SYSTEMS CORPORATION as represented by JUSTIN AQUINO with office address at 536 ST. MANDALUYONG CITY and hereby referred to as ("Company");

-and-

NORMAN JAKE ALAIN of legal age and with postal address at 38 LOT 121 WELFAREVILLE CMPD. BRGY. ADDITION HILLS, MANDALUYONG CITY and hereby referred to as ("Intern");

## WITNESSETH:

- 1. This Agreement shall govern the relationship of the **Intern** and the **Company** where he/she will be assigned and does not create any employer-employee relationship between the Company and the Intern;
- 2. That the duration of this Agreement shall be 486 hours to be in force and effect within the Second Semester of School Year 2023 2024, counting from the date that the Intern reported to his/her work assignment, as shown in the effective start date below;

| Effective Start Date: |  |
|-----------------------|--|
| Expected End Date:    |  |

3. That the Intern shall be assigned to the department/office indicated below as supervised by a qualified manager including the prescribed reporting hours and a detailed description of his/her roles and responsibilities;

| Assigned Department  | IT-MIS DEPARTMENT |
|----------------------|-------------------|
| Immediate Supervisor | EDMUND VALEN JR.  |

## Reporting Time

| Day                  | Time | Hours |
|----------------------|------|-------|
| Monday               |      |       |
| Tuesday              |      |       |
| Wednesday            |      |       |
| Thursday             |      |       |
| Friday               |      |       |
| Saturday             |      |       |
| Total Reporting Time |      |       |

|             | ·   |
|-------------|---|
|             | •   |
|             | •   |
|             | •   |
|             | •   |
| 4           | The International maintain confidentiality values and values associate during and after the         |
| 4.          | The Intern must maintain confidentiality, when and where appropriate, during and after the          |
|             | internship, of all the data and information where such information is not already within the public |
|             | domain and is indicated or understood to be confidential; (Please ask your company for any clause   |
|             | that they may want to include in this part);  |
| 5.          | Compensation and Benefits (Include if there are any. Ignore if there are none. Examples are         |
|             | allowances, meals, uniform, insurance, etc.);   |
|             |   |
| IN WI       | TNESS WHEREOF, both parties have hereunto set their hands this day of                               |
|             | , at  |
|             | <del></del> , *** <del></del>   |
|             |   |
| Signed      | <b>1:</b>   |
| 2- <b>8</b> |   |
|             |   |
|             | Jalain  |
| Norme       | an Jake Alain   |
|             | 4 <sup>th</sup> Year  |
|             |   |
|             |   |
|             | <del></del>   |
|             | Aquino PLANT DIRECTOR   |
| 11 00 1     |   |
|             |   |
|             |   |
|             | Liza R. Reyes College of Computer Studies and Engineering   |
| ,           | - · · · · · · · · · · · · · · · · · · ·   |

Roles and Responsibilities

## ACKNOWLEDGMENT

| REPUBLIC OF THE PHILIPPIN   | ES)  |                            |
|---|--|----------------------------|
|   | ) S.S.                                       |                            |
| BEFORE ME, a Notary Public for  | and in the above jurisdiction, personally ap | ppeared the following:     |
| Name  | Identification Card/Number                   | Date/Place Issued          |
| 1. <u>Justin Aquino</u> 2   | Driver's License<br><b>X01-97-037842</b>     |                            |
| 3   |  |                            |
| the same is their own free will and This instrument consists of three | (3) pages including this page wherein this   | Acknowledgement is written |
|   | eir instrumental witnesses on each page her  |                            |
| WITNESS MY HAND AND SE  | <b>AL</b> , this, day of,,                   | at                         |
| Doc. No   |  |                            |
| Page No   |  |                            |
| Book No.  |  |                            |
| Serial of   |  |                            |
|   |  |                            |

All information indicated in this form shall be used for its sole purpose. For further details on the university's data privacy policy, please refer to www.jru.edu/students

File No./Locator