

## Request to Utilize Employment for Practicum Education (Work Variance)

The policy of the School of Social Work is that an employment setting may be used as a Practicum placement if all the regular School requirements are met. The Work Variance Request should **clearly demonstrate that the Practicum component differs from the student's employment**. Students must document the distinctions, including separate supervision, responsibilities, and appropriate learning experiences.

Students review and complete the Work Variance Request Form to apply for a work variance. By submitting this form and supporting documents, the student acknowledges their awareness that only one work variance can be approved during their social work program.

- ☐ **PART A:** Before starting this process, check with your Practicum Coordinator to ensure that the agency is an appropriate placement for your academic level and able to be affiliated with ASU. **NOTE:** Current SWG 540 students, please connect with your Co-Instructor.

### **PART B:**

**The Work Variance Request MUST include the following Required Materials.**

**Click boxes below as you gather the information for your packet:**

<input type="checkbox"/> <b>1.</b>	<input type="checkbox"/> The "Request to Utilize Employment for Practicum Education" Form (Work Variance Form). <b><i>(Submitted at least 8 weeks prior to the start of the semester)</i></b>  <input type="checkbox"/> Complete schedule information detailing both your work and proposed internship schedule. <b>*Note: Schedule must have dedicated dates and times between work and internship start and stop times to include transitions for travel to and from separate sites, lunch, etc.</b>
<input type="checkbox"/> <b>2.</b>	<p>From Student: A formal letter describing the internship learning activities that are different from the student's employment and following prompts listed on second page of request form.</p> <p>Here are some helpful prompts for your letter:</p> <ul style="list-style-type: none"> <li>A brief description of the agency's primary mission and population served.</li> <li>Current employment responsibilities- clearly specify roles, tasks and activities.</li> <li>Please identify the current employment supervisor and separately identify the internship practicum supervisor/field instructor - social worker (BSW, MSW, LMSW, LCSW) that will be providing supervision.</li> <li>Proposed internship roles and responsibilities- specify activities that will produce new learning.</li> <li>Discussion on how you plan to keep the proposed internship separate from your</li> </ul>

	position as an employee to avoid dual relationships. <ul style="list-style-type: none"> <li>Please review the learning contract and detail how you plan to complete the activities outlined in each competency .</li> </ul> Any additional information you feel will help the Practicum Committee make a decision
<input type="checkbox"/> 3.	From Student: <ul style="list-style-type: none"> <li><input type="checkbox"/> A current job description</li> <li>A current resume (<b>6 months of employment required</b>).</li> <li>A An internship description, if exists from HR dept.</li> </ul> <b>Date of Hire:</b>
<input type="checkbox"/> 4.	From Practicum Supervisor: The resume of the professionally trained social worker who will serve as the Practicum Supervisor. Please note: The Practicum Supervisor must be different than the current supervisor.
<input type="checkbox"/> 5.	From Current Employment Supervisor, Agency Director, Practicum Supervisor, HR Director, or agency representative. <ul style="list-style-type: none"> <li>A letter of support from the current supervisor or agency director <b>ensuring</b> that the Practicum Education <b>requirements will be met</b> on agency letterhead.</li> </ul>
<input type="checkbox"/> 6.	Completed Internship Confirmation Form ( <b>Found in Important Documents</b> )
<input type="checkbox"/> 7.	<b>Policy:</b> By submitting this form and supporting documents, the student acknowledges their awareness that only one work variance can be approved during their social work program. <b>Initials of acknowledgement:</b>
<input type="checkbox"/> 8.	If agency is not affiliated with ASU or found in Sonia, a New Agency Affiliate Agreement packet should be submitted with WV Request, ( <b>Found in Important Documents</b> )

**Submission Instructions:** Please submit the completed form and all required documents to your assigned Practicum Coordinator **at least eight (8) weeks** prior to the semester for which the request is being made.

**NOTE:** All **Required Materials** must be submitted for consideration and to avoid delays.

**Audit Notice:** The Practicum Education Office will conduct a minimum of two random audits per internship semester to ensure the integrity of the internship. **Failure to submit a Work Variance Request may result in the invalidation of the internship.**

**Approval Process:** The Practicum Committee has the authority to approve or deny Work Variance requests.



**Request to Utilize Employment for Practicum  
Education  
(Work Variance)**

Student: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Academic Level: ☐ BSW ☐ GEN ☐ ADP ☐ AG ☐ PAC

Internship Start Date (Semester/Year): \_\_\_\_\_

Internship End Date (Semester/Year): \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Current Employment Supervisor Name: \_\_\_\_\_

☐ On Site ☐ Off Site

Practicum Supervisor Name: \_\_\_\_\_

☐ On Site ☐ Off Site      ☐ BSW   ☐ MSW   ☐ ASW   ☐ LMSW   ☐ LCSW   ☐ LICSW

**Work Schedule**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**Internship Schedule**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

*\*Note: Schedule must have dedicated dates and times between work and internship start and stop times to include transitions for travel to and from separate sites, lunch, etc.*

**Signature of all respective parties REQUIRED:**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Current Employment Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Practicum Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REVIEWERS SIGNATURE PAGE, PLEASE DO NOT SIGN BELOW THIS LINE:**

**Action Taken by Reviewers (check one):**

- ☐ Request Approved.
- ☐ Request Denied.
- ☐ Decision Delayed Pending Further Information.
- ☐ Request Approved pending new agency affiliation agreement and additional paperwork completion.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_