

Elected Official Policy Adoption Of Travis County HRMD Internship Policy and Procedures Manual

I am a Travis County Elected Official. I understand that as an elected official, my department or office will follow *Travis County HRMD Internship Policy and Procedures Manual*.

I elect to: **(Choose one only.)**

_____ decline adoption of Travis County HRMD Internship Policy and Procedures Manual.

_____ adopt Travis County HRMD Internship Policy and Procedures Manual for internships paid/unpaid in my department.

_____ adopt Travis County Travis County HRMD Internship Policy and Procedures Manual with exceptions. The exceptions are identified below:

Exceptions:

1. Please describe:

By placing my signature below, I **adopt** or **decline** policies as set forth in this document. *(Please circle one)*

Effective Date of Adoption:

Signature

Date

Printed Name

Department or Office