Vocational Training Law numbered 3308 – **Provisional Clause 12 (Annex: 12/2/2016 – Article 6764/48):** For the period until the end of the academic year of 2017-2018; payments to be made to apprentice candidates and apprentices and - pursuant to the provisions of Article 18 - to students receiving vocational training at businesses or continuing their internship and supplementary training and payments to be made pursuant to the first clause of Article 25 **shall not be lower than thirty percent of the net minimum wage (excluding Minimum Living Allowance**). Two-thirds of the minimum payable wage for businesses employing fewer than 20 employees and one-third of that for businesses employing more than 20 employees **shall be paid as State Subsidy** from the amount allocated for the sub-clause (h) of clause (B) of the third paragraph of Article 53 of the Law on Unemployment Insurance numbered 4447 dated 8/25/1999.

This form hereby shall be signed by the company and submitted **by the student** to their own Faculty or the Human Resources Directorate (ik@ozyegin.edu.tr) with required document.

**Note:** State institutions and organizations are excluded. It is not required for students serving their internship at state institutions and organizations to fill this form.

**STUDENT’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **NAME SURNAME** | **:** |  |
| **TR IDENTITY NUMBER** | **:** |  |
| **DATE OF BIRTH** | **:** |  |
| **STUDENT NO** | **:** |  |
| **DEPARTMENT / PROGRAM** | **:** |  |
| **TYPE OF INTERNSHIP (Compulsory / Volunteer)**(State subsidy is paid only **for compulsory internships**.) | **:** |  |
| **PHONE NUMBER** | **:** |  |

**Note: *In the event of no internship wage, do not fill the chart below. In case of a payable internship wage, please fill completely and carefully.***

**BUSINESS AND COMPULSORY INTERNSHIP DETAILS**

|  |  |  |
| --- | --- | --- |
| **BUSINESS/COMPANY TAX NO** | **:** |  |
| **BUSINESS/COMPANY NAME** | **:** |  |
| **NUMBER OF EMPLOYEES WORKING AT THE COMPANY** | **:** |  |
| **COMPANY’S PHONE / FAX NUMBER** | **:** |  |
| **COMPANY ADDRESS** | **:** |  |
| **COMPANY OFFICIAL (Person in charge of Internship Process)**  | **:** |  |
| **COMPANY OFFICIAL’S PHONE NUMBER AND E-MAIL ADDRESS (Person in charge of Internship Process)** | **:** | **Phone:** |
| **E-mail Address:** |
| **COMPANY’S BANK / BRANCH** | **:** |  |
| **COMPANY’S IBAN NO** | **:** |  |
| **INTERN’S WAGE**  | **:** |  |
| **STARTING / ENDING DATE OF INTERNSHIP** | **:** |  |
| **TOTAL NUMBER OF INTERNSIP DAYS** | **:** |  |
| **Company Seal Signature Date** |

***NOTE: As concerning payment shall be paid through money transfer to private businesses, the bank receipt showing that the payment has been made to the student and the chart showing the workdays of the student shall be submitted to the Human Resources Directorate personally or sent to the e-mail address*** ***ik@ozyegin.edu.tr*** ***before the 5th day of the following month.* Businesses that do not submit their receipt shall not be made the payment.**