**Provisional Article 12** of Vocational Education Law No:3308 -(**Supplementary: 2/12/2016 -6764/Article 48)**  Effective till the end of the 2016-2017 academic year, payments made within the scope of Article 25, clause 1 to prospective and current apprentices, and students completing their vocational training, internships or complementary training at enterprises as per Article 18 **cannot be less than thirty percent of the net amount of minimum wage (excluding the Minimum Living Allowance discount).** For enterprises with less than 20 employees, and with 20 or more employees, two thirds and one third of the minimum payable wage, respectively, will be paid as “**Government Contribution**” from the funds created as per Article 53, clause 3, paragraph (B), and sub-paragraph (h) of Unemployment Insurance Law No:4447 dated August 25, 1999. **The effectiveness of the respective provisional article was extended till the end of the 2017-2019 academic year with the decree 2017/10834 dated September 11, 2017, and was later extended once again for 3 more years starting the 2018-2019 academic year with the President’s Decision 356 dated November 22, 2018.**

This form must be signed by the employer, and must be submitted by the **student** to his/her Faculty and Human Resources Directorate (ik@ozyegin.edu.tr) together with the other required documents.

**Note:** Public organizations and institutions are excluded. Students who complete their internships at public organizations and institutions do not need to complete this form.

**STUDENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **NAME AND SURNAME**  | **:** |  |
| **TR IDENTITY NO** | **:** |  |
| **DATE OF BIRTH** | **:** |  |
| **STUDENT NO** | **:** |  |
| **DEPARTMENT / PROGRAM**  | **:** |  |
| **INTERNSHIP TYPE (Mandatory/ Non-Credit)**(Government Contribution is paid for **mandatory internships** only.) | **:** |  |
| **TELEPHONE NO** | **:** |  |
| **IS THIS A PAID INTERNSHIP?**   **YES 󠄀 󠇯󠇯 NO 󠄀󠇯** |  **Employer Stamp/Signature/Date** |

**Note: *Skip the field below if it is not a paid internship.***  **If it is a paid internship, please fill out all the fields below accurately.**

**EMPLOYER AND MANDATORY INTERNSHIP INFORMATION**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER/FIRM TAX NO** | **:** |  |
| **EMPLOYER/FIRM NAME** | **:** |  |
| **NUMBER OF EMPLOYEES AT THE FIRM** | **:** |  |
| **EMPLOYER TELEPHONE/FAX NO** | **:** |  |
| **EMPLOYER ADDRESS**  | **:** |  |
| **EMPLOYER REPRESENTATIVE (Internship Supervisor)**  | **:** |  |
| **EMPLOYER REPRESENTATIVE’S (Internship Supervisor) TELEPHONE NO AND E-MAIL ADDRESS** | **:** | **Telephone No:** |
| **Email Address:** |
| **EMPLOYER’S BANK/BRANCH NAME**  | **:** |  |
| **EMPLOYER’S IBAN NO** | **:** |  |
| **MONTHLY INTERNSHIP PAY**  | **:** |  |
| **START AND END DATE OF INTERNSHIP** | **:** |  |
| **TOTAL NUMBER OF INTERNSHIP DAYS**  | **:** |  |
| **Employer Stamp/Signature/Date** |

***NOTE: As the contribution payment will be transferred to the private employers/enterprises, the bank receipt of the payment made to the student and the table which shows the working days of the student must be submitted to the Human Resources Directorate either in person or via email at*** ***ik@ozyegin.edu.tr******by the fifth day of the following month. Employers that fail to submit the bank receipt will not be paid g***