

TALENT INTERNSHIP ASSIGNMENT



General Information	Function	GM
	For Head Office: Department Name	MIS
	For Store: Store Name	
	Department Name	
	Work location	HO - MIS
	Work hour (Permanent/ Temporary) (Full time/ Part time - pls. specify)	
	Immediate Superior (Name & Position)	
	HoD/DCM (Name & Position)	

Name of Project / Designation:

Duration (week / month):

Priorities for Internship period (minimum 3 priorities)

Priority 1		Weight
	Develop mobile app	50%
Priority 2		
	Develop web app	30%
Priority 3		
	Develop API	20%
Priority 4		
Priority 5		Weight
Remarks	Sum of Weightings must be 100%	100%

Signatures	Signature Immediate Sup	
	Signature HoD/SGM / Date	
	Signature Functional Director/ Date	

Please return your HR the completed form after the Talent Intern's Acknowledgement

ACKNOWLEDGEMENT OF TALENT INTERNSHIP

Basic data	Name of Internship	
	Start Date	
	End Date (as per Internship Agreement)	
Signatures	Signature Internship / Date	