

**Part II: Employer Agreement for Army CSP Individual Internship/
Approved DoD SkillBridge Program**

By signature of this Agreement, the Employer agrees:

For:

This Army CSP Individual Internship/Approved DoD Skillbridge Program may be terminated for any reason, if it is determined to be in the best interest of the Intern, the Commander, or the Employer. The termination reason and effective date will be reported to the CSP Regional Coordinator and other parties (Intern, Commander or Employer) by the terminating party immediately.

Employer POC Name (First and Last):

Employer Phone Number:

Employer Email Address:

Digital or Written Signature:

Date: