

Agency Agreement for Nutritionist to Participate in DSHS Dietetic Internship

____Hidalgo County Health & Human Services WIC Program____, and its umbrella agency,
(Name of WIC Local Agency or DSHS Region/Section)

____Hidalgo County____, hereby grant permission for
(Name of Umbrella Agency)

____Kismeth Leal____ to participate in the Texas WIC Dietetic
(Name of Applicant)

Internship for the period of January 2014 through August 2015.

If selected to be a Texas WIC dietetic intern, ____Kismeth Leal____ will:
(Name of Applicant)

____X____ continue to be paid his/her regular salary during hours spent in internship, OR
____ take leave without pay during hours spent in internship.

If the above-named applicant is selected as an intern in the Texas WIC Dietetic Internship,

____Hidalgo County WIC Program____ hereby agrees to have
(Name of Umbrella Agency)

the employee/intern sign a *Letter of Agreement* with the Agency regarding employee obligation to work for the agency for a minimum of 24-months full-time, or the equivalent part-time, after the completion of the dietetic internship. The *Letter of Agreement* will stipulate a financial payback should the employee resign prior to completion of the obligation.

____*Norma L. L. Argon*____
Signature of WIC Local Agency Director or DSHS Unit Manager

____*6-3-13*____
Date

Signature of Umbrella Agency CEO,
DSHS Regional Director, or DSHS Section Director

Date