

**City College of San Francisco**

**Fire Protection Work Experience**

50 Phelan Avenue

San Francisco, CA94112

Attn: Fire Science Technology, LB1, Long

MEMORANDUM

DATE:

TO:

FROM: Bill Long  
Work Experience Instructor, City College of San Francisco

SUBJECT: Student Intern Assignment for:

This student is enrolled in **Work Experience** for this semester at your work site. He/she has been directed to contact you for a placement interview. If the student meets your requirements, the student is required to work \_\_\_\_\_ hours per week.

Total hours for the semester should be: **60 hour (4 hours per wk) or 120 hours (8 hours per wk) or 180 hours (12 hours per wk).**

**If you have any concerns regarding student intern duties or questions regarding the forms to be completed by you, please call or email me immediately!**

Sincerely,  
Bill Long  
Phone: (650) 821-0211 or Fax: (650) 821-0210  
Email: wlong@ccsf.org

**Note:**  
**Student is to confirm day/time with instructor after meeting with site supervisor**