

Deadline for Application is MARCH 1, 2019

Candidate's name _____

Employer's/Business Partner's Statement of Support

The above employee is submitting an application to participate in the LEAD New York program over the next year. **Participants in the program must attend all in-state workshops and seminars.** Thus, if selected the individual will need time away from his/her position **to attend all activities.** A sample workshop schedule for Class 18 is available at www.leadny.org or by calling 607-255-7907.

Your commitment of support is a significant contribution to the program and is appreciated.

Employer's or Partner's Business Information:

(Name)

Address: _____
(Street)

(City) (Zip Code)

() _____
(Telephone Number)

Supervisor's name and title (if applicable):

Yes, I have reviewed the LEAD New York material and will support the necessary time for the above candidate to participate fully in the program.

Signed _____

Date _____