



## Employer Commitment

### EMPLOYER AUTHORIZATION STATEMENT

Please email the completed commitment form to Ashley Earnest ([aearnest@gsc.org](mailto:aearnest@gsc.org)) by 5pm on June 30, 2017. Alternatively, the form may be mailed to The Chamber at 1011 S. Second St., Springfield, IL 62704.

Investment in leadership training cannot be done by a few people; many people become involved. Your employee has indicated interest in Leadership Springfield, which would involve commitment for the following schedule. As his/her employer, we ask that you make a commitment to support this individual. Participants of our program are expected to attend **ALL** of the sessions. Therefore, it will be necessary for this applicant, if selected, to be away from his/her position to attend. **Your commitment is a significant contribution to this program.** The dates of the sessions are:

<b>Orientation</b>	September 27, 2017	4pm – 5pm
<b>Opening Retreat</b>	October 6, 2017	8am – 5pm
<b>Monthly sessions</b>	October 20, 2017	8am – 5pm
	November 17, 2017	8am – 5pm
	December 8, 2017	8am – 5pm
	January 19, 2018	8am – 5pm
	February 16, 2018	8am – 5pm
	March 16, 2018	8am – 5pm
	April 20, 2018	8am – 5pm
	May 18, 2018	8am – 5pm
<b>Closing Retreat</b>	May 23, 2018	5pm – 7pm
<b>Graduation</b>		

\_\_\_ **YES**, I understand \_\_\_\_\_ will be away from my company on the dates listed above.  
*Applicant Name*

\_\_\_ **YES**, he/she has my authorization to participate in Leadership Springfield and I understand the Attendance Policy the applicant must adhere to in order to receive a certificate of completion.

### Please share a bit more about why you support this applicant.

- 1) Why did you select this applicant? What leadership traits and/or characteristics do you see in this applicant?

**Ashley Earnest**

[aearnest@gsc.org](mailto:aearnest@gsc.org) | 217.525.1173

[www.gsc.org/leadership-springfield](http://www.gsc.org/leadership-springfield)



- 2) Share three (3) specific areas of the applicant's leadership development you hope will improve by participating in the program.

### EMPLOYER STATEMENT OF SUPPORT

As the applicant's supervisor, I certify that this applicant has my full support to participate in Leadership Springfield.

**Employer's Signature** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_

**Employer's Title** \_\_\_\_\_

**Company** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Ashley Earnest**

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