

 Equity Leaders Fellowship

 Cohort 10: Class of 2024

 **Employer Support Form**

The Equity Leaders Fellowship (ELF) program has a limited number of participants and is at no cost to the participant or the employer.

This Employer Support Form confirms that you support your employee to be part of the ELF program. You understand that your employee will be attending sessions beginning in September and may need to leave early from work. The sessions will consist of two day-long Saturday seminars for the first meeting in September, and the last meeting in May or June. Sessions 2-7 will meet on Fridays of each month, October through April, as follows:

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| --- | --- | --- |
| Session | Date | Day/Time |
| Session 1 | September 23, 2023 | Saturday, 9:30am-3:30pm |
| Session 2 | October 20, 2023 | Friday, 4-8pm |
| Session 3 | November 17, 2023 | Friday, 4-8pm |
| Session 4 | December 15, 2023 | Friday, 4-8pm |
| Session 5 | January 19, 2024 | Friday, 4-8pm |
| Session  | February 16, 2024 | Friday, 4-8pm |
| Session 6 | March 15, 2024 | Friday, 4-8pm |
| Session 7 | April 19, 2024 | Friday, 4-8pm |
| Session 8 | May 18, orJune 1, 2024  | Saturday, 9:30am-3:30pm |

I grant my support for our employee, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Equity Leaders Fellowship (ELF) program.

Company/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s email and phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applicable, please return this form via email to** [**jbonilla@equityleadersfellowshipnh.org**](file:///%5C%5Clhc-fil03%5CAHEC%5CAHEC%20Administration%5CEquity%20Leaders%20Fellowship%5CApplication%20Materials%5CCohort%209%5Cjbonilla%40equityleadersfellowshipnh.org)

Questions can be directed to the Equity Leaders Fellowship Program Director – Jason Bonilla:

jbonilla@equityleadersfellowshipnh.org

<https://www.snhahec.org/equity-leaders-fellowship.html>