

Equity Leaders Fellowship (ELF) Cohort 7: Class of 2021

**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 and last meeting, while sessions 2-7 will meet on Fridays of each month, October through April, as follows:

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| **Session** | **Date** | **Day/Time** | **Topic** |
| Session 1 | September 26, 2020 | Saturday, 9:30am-3:30pm | Leadership & the NH Context |
| Session 2 | October 17, 2020 | Friday, 4-8pm | Race & Self-Awareness |
| Session 3 | November 20, 2020 | Friday, 4-8pm | Board Dynamics |
| Session 4 | December 18, 2020 | Friday, 4-8pm | Inequality & Power |
| Session 5 | January 15, 2021 | Friday, 4-8pm | Communication |
| *Session* | *February 19, 2021* | *Friday, 4-8pm* | *Makeup for Snow Day* |
| Session 6 | March 19, 2021 | Friday, 4-8pm | Change & Critical Thinking |
| Session 7 | April 16, 2021 | Friday, 4-8pm | Civic & Community Engagement |
| Session 8 | May 15, 2021 | Saturday, 9:30am-3:30pm | Reflection & Learning |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_