



EMPLOYER APPROVAL STATEMENT:

I am aware that my employee _____,

Will be attending the Leadership Commerce City program from September 2017 to June 2018.

I am aware that this program will be held the first Friday of each month from 8 am until 4 pm.

I have agreed to allow my employee to attend each of these sessions to support **Leadership Commerce City**.

Name _____

Business _____

Position _____

Phone Number _____

Email _____

Date _____