



2019-2020 LEADERSHIP SOUTH DAKOTA
EMPLOYER/SUPERVISOR APPROVAL STATEMENT

For employee's participation in Leadership SD-

Applicant's Name: _____ has my full support to participate in Leadership South Dakota. I am aware of the time commitment (approximately 150 hours of class time) involved in his/her effective participation.

This must be signed by the applicant's employer or immediate supervisor. If self-employed or business owner/CEO, please indicate below.

Name _____

Organization _____

Title _____

- I am self-employed
- I am the CEO/President/Owner of the company or organization

Signature _____

Date _____