



Employer Commitment-Participant Selected

NOTE: Eve	en if you are self-employe	ed, you have to complete this form.	
Applicant's	Name		
Employer's	Name		
Employer's Title/Company	Name		
Company A	ddress		
Company Phone N	umber		
As a selected participant of L	eadAR, the Arkansas	s Agricultural and Rural Leadership Pr	ogram, I
		and two travel study tours during the	
•		two years (seminars are usually on Tl	•
through Saturday every other n	nonth). The National	1 Study Tour during the first year is 8 t	to 11 days
and the International Study To	ur during the second	year is 11 days. Arrangements will be	e made to
relieve him/her of assigned dut	ies in order to allow	participation in this training program.	I
understand that the purpose and	d value of the program	m is to develop and educate leaders fo	r Arkansas
and hereby offer my support ar	nd encouragement.		
Applicant's Signature	Date	Employer's Signature	Date

NOTE: If the Applicant is supervised by members of a board/council, the signatures of at least two-thirds of the board/council is required.





Employer Commitment-Participant Selected (Board/Council)

NOTE: This document should be completed if the applicant is supervised by members of a board or council. At least two-thirds of the signatures are required.

All signatures will be collected electronically. Enter the full name and e-mail address of at least two-thirds of the board or council members. Each person will receive an email from DocuSign requesting an electronic signature. This will be a legally binding signature.

NAME	EMAIL ADDRESS	SIGNATURE
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