



EMPLOYER COMMITMENT (This section must be signed by applicant's employer or direct supervisor.) It is important that an applicant's employer be committed to allowing the prospective class member the time off necessary to complete graduation requirements. Supply your employer or direct supervisor with a copy of the employer commitment form and a copy of the class calendar. Return it by February 9, 2024, per the instructions below.

NAME OF APPLICANT:

As the employer of this applicant I have seen the class calendar and am aware of the program time commitment and attendance policy. If the status of employment changes during this program and I have provided the payment of tuition, I understand there are no refunds under any circumstances. I give my full support to this opportunity.

Name _____ Title _____

Organization _____

Signature _____

Date _____

Please complete this form and include with the candidate's application or fax, mail, or email to:

Leadership Anna
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