



Confirmation of Support and
Release from Employer
SOUTH DAKOTA AGRICULTURAL AND RURAL LEADERSHIP

Please print this page and have your employer complete the form.

NAME OF APPLICANT _____

To the applicant: If you are not self-employed, you must have your employer complete this form authorizing your absence from employment to participate in the SDARL program.

To the employer: Please complete the following information to confirm your organization's willingness to grant the applicant time away from work for attendance at the seminars of the SDARL.

The applicant's commitment encompasses approximately 50 days between November 2012 and April 2014. Seminars are planned monthly during the winter and are typically two overnights, normally beginning mid-day on day 1 and conclude mid-afternoon on day 3. Travel time for these seminars is additional. In February of 2013, the class will participate in a national seminar of approximately seven days. The international seminar will take place between January and March and will be 10-14 days in a length to a country that will be announced later.

In order to maintain continuity and assure that all participants make full use of expenditures (generally provided at a rate applicable to the total group rather than individually), the Board of Directors is firm about participants not missing any seminars or portions thereof.

Please feel free to contact the SDARL if you need additional information regarding the program and its value to your organization and employee. www.sdarl.org or 605-688-5440.

It is agreed that if the above-named applicant is accepted into Class VII of SDARL, his/her absence from work will be arranged at the times seminars are scheduled.

DATE _____ **SIGNATURE** _____

NAME _____

POSITION _____

COMPANY _____

ADDRESS _____

TELEPHONE(_____) _____ **EMAIL** _____

Mail Form to:
SDARL
Box 2170 SDSU Brookings, SD 57007

*Can be scanned and emailed to michelle.robbs@sdstate.edu