



SUPERVISOR SUPPORT FORM

Supervisor Support for: _____
Name of Candidate

Supervisor Information

Supervisor First and Last Name:

Supervisor Title:

Company Name:

Street Address

City, State, Zip

Supervisor Email:

By signing this form, I demonstrate my support for the applicant's proposed professional development opportunity through the Texas Nursery & Landscape Association's Leadership Bootcamp and agree to the following should this applicant be selected to participate.

- Candidate has worked for my company for at least one year.
 - Allow Time for the applicant to share their experience and knowledge gained through these professional activities.
 - I acknowledge that the employee listed above is being sponsored by our company to participate in the TNLA Leadership Bootcamp. I understand that if this employee voluntarily or involuntarily leaves our employment before completing the program, TNLA will not issue a refund. I further agree that our company will notify TNLA immediately should the participant's employment status change.
- By checking this box, I verify I have received information regarding the TNLA Leadership Bootcamp and support the applicant's entry and time commitment if selected.**

Supervisor Name, *Print*: _____

Supervisor Signature _____

Date: _____