



MCLI
Moore County
Leadership Institute

Discover – Expand – Grow – Serve

EMPLOYER AGREEMENT

Please read the statement below completely and sign where indicated

I fully support the application of _____ for MCLI. His/Her employer is willing to make available the necessary time for full preparation in all scheduled classes and activities. I understand that they are required to attend all sessions and if they miss they are responsible for any make-ups within the allotted timeframe. I understand that I will be notified by the Moore County Chamber of Commerce if they elect to drop out of the program, there are issues with program participation or after the second absence that they will be dismissed from the program. I also understand that if they are removed from the class for absence or failure to complete their make-up work the tuition will not be refunded. I will not only support the participation in the MCLI program but will assist in fostering the development of leadership skills that they gain by participating in this program.

Please Print Clearly

Employer Signature: _____
Printed Name: _____
Date: _____
Business/Organization: _____
Email: _____