



Deadline: October 11, 2024

Employer Consent Form

(Please type or print clearly)

Name of Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

I understand that my employee, (please print), _____, is applying for Leadership Farm Bureau sponsored by the California Farm Bureau. He/She has my permission to participate fully in this seven-month program. I understand that this will require approximately 20 days (the majority of which are weekdays) of mandatory participation from the aforementioned employee.

Signature

Date

Our company would like to sponsor our employees' participation in the Leadership Farm Bureau Program.

Yes No

Amount Sponsored (Up to \$750): _____

Checks can be made payable to: California Farm Bureau - LFB