

**Mentoring Wayne's Emerging Leaders (WEL)
Employer Agreement to Accompany Nomination**



By signing this document below, the employer/supervisor hereby acknowledges and agrees to the following:

- 1) Work for the Mentoring WEL program is part of the nominee's normal work schedule and requirements.
- 2) There is a need for release time for monthly educational sessions and regular meetings with the nominee's mentor (approximately 8-12 hours per month).
- 3) The Employer will provide support for the participant during the 10-month program to help enrich the experience.
- 4) The Employer will provide feedback to the Mentoring WEL coordinator on how the program operated, ways to improve it and how it may have impacted your business either positively or negatively.
- 5) The Mentoring WEL program can be beneficial to the nominee/participant, the employer and Wayne County.

Name of Entity Making Nomination: _____

Name of Employer/Supervisor (Please Print) _____

Signature of Employer/Supervisor: _____

Date: _____

**PLEASE COMPLETE THIS FORM AND RETURN IT TO
INFO@WAYNEPARTNERSHIP.ORG**