



# Supervisor Agreement

**This is to confirm that I am the applicant's immediate supervisor or employer and that**

\_\_\_\_\_ has the support of this organization to fully  
*Name of Applicant*  
participate in the all of the benefits of the Diversity Leadership and Mentoring Program (LAMP)  
offered by the PLUS Foundation.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Supervisor's Information**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

*Include this signed form with the full information packet.*