United Way
of Southwest Alabama

Project Blueprint Class 2012 Supervisor Authorization Form

MUST BE RETURNED BY: FEBRUARY 13, 2012

I am the supervisor of _____, and have the authority
(Participant's Name)
to and hereby grant him/her permission to participate in the 2012 Project Blueprint Program if selected. I understand that the program will include seven (7) on-site, all day, classes in addition to an orientation and the class graduation. Additionally, I understand that when he/she is participating in the classes, orientation and class graduation, he/she will not attend work.

I support his/her participation in the Project Blueprint program.

Supervisor's Name (please print)_____

Supervisor's Signature_____ Date _____

RETURN SIGNED AND DATED FORM BY MAIL BY FEBRUARY 13, 2012, 4:00 p.m. CST, TO: Ira Bates or Patsy L. Herron, United Way of Southwest Alabama, P.O. Drawer 89, Mobile, AL 36601-0089 –