



AMERICAN BACKFLOW PREVENTION ASSOCIATION

Employer Support Form – Region Director 2019 – 2021 Term for Regions 1, 3, 5, 7, 9 and 11

I _____ (Name), _____
(Title), of _____ (Organization), am aware that
_____ (Name of Candidate) has been nominated to run
for the position of Director of Region # _____ to serve on the 2019-2021 ABPA Board of Directors. I
affirm that I have the authority to make the following statements: (Mark all that apply)

1. _____ That _____ (Name of Candidate) has the support of this organization and will receive the time necessary to perform the duties required as a Region Director. This is estimated to be 8-12 hours per month.
2. _____ That I am aware travel is involved as part of the duties as Region Director. This typically is once/year.
3. _____ That _____ (Organization) will support the travel of _____ (Name of Candidate) by paying _____% of travel and lodging expenses as long as said travel is necessary and is in compliance with our current travel policy.

(Signature)

(Title)