



# AMERICAN BACKFLOW PREVENTION ASSOCIATION

## Employer Support Form – Region Director 2025 – 2027 Term for Regions 1, 3, 5, 7, 9, and 11

I \_\_\_\_\_ (Name), \_\_\_\_\_ (Title), of

\_\_\_\_\_ (Company), am aware that \_\_\_\_\_

(Name of Candidate), has been nominated to run for the position of Region Director, Region # \_\_\_\_ to serve on the 2023-2025 Board of Directors. I affirm that I have the authority to make the following statements: (Mark all that apply)

\_\_\_\_\_ 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 6-12 hours per month.

\_\_\_\_\_ That I am aware travel (assuming no pandemic conditions) is involved as part of the duties as Region Director.

\_\_\_\_\_ That \_\_\_\_\_ (Name of 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)