



**COMMITMENT FORM
PARTICIPANT**

Please fax or email this form to the Robins Regional Chamber of Commerce NO LATER THAN NOON, DECEMBER 31, 2014. Your application is NOT considered complete until we have received this form.

The undersigned agrees with the following statements.

- ◆ I have read the Leadership Robins Region overview information.
- ◆ I have read the Leadership Robins Region attendance policy and I understand I may have only 3 “one half day” absences for a total of 1.5 days absent. If I miss a fourth “half day,” I understand that I must complete a “make up” assignment, as defined in the LRR Overview, to the satisfaction of the Leadership Robins Region Advisory Committee. If I have more than 2 full day absences, or if I have 1.5 day absences and do not satisfactorily complete a “make up” assignment, I understand that I will not graduate from the 2015 Leadership Robins Region Class.
- ◆ I further understand that there are No Exceptions to the attendance policy as outlined in the LRR Overview.
- ◆ I have read the Home Work Assignment policy in the Leadership Robins Region Overview, and I understand that I must submit a completed Home Work Verification form to the LRR Program Coordinator no later than December 31, 2015.
- ◆ I understand that I must fully participate in the 2015 LRR Class Project.

Name (Printed): _____

Signature: _____

Date: _____

Please Fax this form to the Robins Regional Chamber of Commerce NO LATER THAN NOON, DECEMBER 31, 2014. Your application is NOT considered complete until we have received this form.



**COMMITMENT FORM
EMPLOYER**

Please Fax this form to the Robins Regional Chamber of Commerce NO LATER THAN NOON, DECEMBER 31, 2014. Your application is NOT considered complete until we have received this form.

The undersigned agrees with the following statements.

- ◆ I have read the Leadership Robins Region overview information.
- ◆ I have read the Leadership Robins Region attendance policy and I understand that my employee may have only 3 “one half day” absences for a total of 1.5 days absent. If he/she misses a fourth “half day,” I understand that he/she must complete a “make up” assignment, as defined in the LRR Overview, to the satisfaction of the Leadership Robins Region Advisory Committee. If he/she has more than 2 full day absences, or if he/she has 1.5 day absences and do not satisfactorily complete a “make up” assignment, I understand that he/she will not graduate from the 2015 Leadership Robins Region Class.
- ◆ I further understand that there are No Exceptions to the attendance policy as outlined in the LRR Overview.
- ◆ I have read the Home Work Assignment policy in the Leadership Robins Region Overview, and I understand that my employee must submit a completed Home Work Verification form to the LRR Program Coordinator no later than December 31, 2015.
- ◆ I understand that my employee must fully participate in the 2015 LRR Class Project.

Name (Printed): _____

Signature: _____

Date: _____

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