

Letterhead

Date

Ms. Nicole Bent
Program Manager
Office of Redevelopment, Community Services Division
Ohio Development Services Agency
77 South High Street, P.O. Box 1001
Columbus, Ohio 43216-1001

Dear Ms. Bent

Please accept this letter as certification that [Employer Name] has approved and supports participation by [NAME OR NAMES OF APPLICANTS] in this program.

[HE/SHE/THEY] will be given time off from work to attend the Lean Boot Camp: Transforming the Public Sector

If you have any questions, please contact me at [PHONE NUMBER AND/OR EMAIL].

Regards

SUPERVISOR NAME
SUPERVISOR TITLE