

## BH-SLRP: Employer Support Form

**Employer:** *Please return completed form to the applicant.*

**Applicant:** Upload the completed and signed form with your application

BH-SLRP Applicant's Name:

BH-SLRP Applicant's Position/Title: I

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Employer Name:

Employer Address:

Street:

City:

State:

Zip Code:

CEO/Executive Director Name:

CEO/ED Email:

CEO/ED Phone Number:

Place of Business Address (*if different from Employer Address*):

Street:

City:

State

Zip Code:

Supervisor Name and Title:

Supervisor Email Address:

Supervisor Phone Number:

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Employment Start Date (*Current Employee or Offer Accepted with a Signed Employment Contract*):

Anticipated Start Date (*Employment Offer and Contract Pending*):

Current Number of Work Hours/Month:

Current Annual Salary:

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Is the applicant currently in good standing at your organization?

- ☐ Yes
- ☐ No
- ☐ N/A (*Prospective Employee/Employment Offer Pending*)

Do you commit to employing the BH-SLRP recipient for the required service period (*two years for full-time employees or four years for part-time employees*), provided the recipient remains in good standing?

- ☐ Yes
- ☐ No
- ☐ Not sure

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**CEO/Executive Director or Designee Signature**

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**Date**

All questions regarding BH-SLRP should be directed to  
[incentiveprograms@vdh.virginia.gov](mailto:incentiveprograms@vdh.virginia.gov)