



## Employer Permission Form

Please complete this form and scan/email to GCDD at [info@gcdd.org](mailto:info@gcdd.org).

I, \_\_\_\_\_, give my permission for my employee,  
(name of employer)

\_\_\_\_\_, to participate in Take Your Legislator To  
(name of employee)

Work Day at \_\_\_\_\_ this fall at a mutually agreeable date  
(name of business)

and time.

\_\_\_\_\_.

Signature

\_\_\_\_\_.

Date