



Administrator / Supervisor Support

I agree to support the above nominee for consideration as a member of the SkillsUSA South Carolina Board of Directors. I will provide release time for board meetings and SkillsUSA Conferences. I understand that SkillsUSA South Carolina does not provide any compensation or related expenses for members of the Board of Directors related to these meetings and/or conferences.

Administrator's Name: _____

Administrator's Email: _____

Administrator's Signature: _____

Nominee Signature: _____

Nominee Signature: _____

Note: *If you are an administrator who controls your ability to attend and finance any needs for your position, you may complete the administrator/supervisor section as yourself.*

Please scan this completed form in and attach to your Board of Directors application.