

LETTER OF SUPPORT



Dear _____,

You are receiving this letter because your employee, _____, is interested in participating in the “Take Your Legislator to Work Campaign” hosted by the Michigan Developmental Disabilities Council by inviting their legislator to job shadow them at their place of employment.

The campaign will raise awareness about the importance of community-integrated employment for people with disabilities in Michigan. Inspired by National Disability Employment Awareness Month (October), the campaign highlights the advantages of community-based employment for individuals with disabilities. This Campaign is an excellent opportunity for legislators to see how people with disabilities strengthen the workforce in a community-integrated setting. It will also show your commitment in hiring individuals with disabilities.

We are asking you to please consider participating in this campaign and allowing your employee to invite their legislators to job shadow them at your business. The job shadow portion of the campaign will take at least an hour to hour and half, and the date and time selected will be agreed upon in advance.

A ceremony for participants, employers, and legislators is also planned for October in Lansing. Details will be sent at a later time. You will be asked to attend and participate in a panel discussion on how the visit went. Below you will find information on what to expect during the visit.

During the Visit Legislators will:

- Job shadow your employee and tour the workplace. (Photo and or Video will be taken)
- Meet the employer and some of your employee’s co-workers.
- Discuss with your employee why their community-integrated job is important to them.

As an employer you will receive a Certificate of Appreciation from the DD Council for your participation. To RSVP your participation in our campaign, please inform your employee of your consent and give this signed letter back to the recommender who will forward it to Jazmine Fewes, Communications Representative for Michigan Developmental Disabilities Council. Jazmine may also be contacted for more information at: **(517) 284-7295 or fewesj@michigan.gov.**

Employer signature _____, Date _____

Thank you for your consideration.