Supervisor Approval Form

New England Forage & Weed Management Professional Development Project

This professional development project is designed for agriculture service providers in New England and the goal is for participants will be better equipped to assist and advice farmers addressing forage, pasture and weed related issues. Topics will include forage and weed identification, forage management and quality, poisonous plants, weed ecology and management.

The span of the project is two years (2014-2016) and will include two In-Service field training sessions (two days each), approximately eight 60-minute webinars offered monthly from November through March, and self-study. It is estimated that participant time commitment for the training and self-study will take about 40 hours per year. Participants are expected to actively take part and provide regular feedback regarding their related work with farmers and growers over the life of the project. **Expenses for travel, meals and overnight stay for the two in-service trainings will be covered by the project.**

The following dates and events have been set so far:

- July 8, 2014 – Applications due
- August 1, 2014 – Applicants will receive confirmation of their approval
- September 10 and 11, 2014 – First In-Service field training session (southeast New Hampshire)
- Webinar series once a month (1:00 to 2:00pm) on Nov 13, Dec 11, Jan 6, Feb 3, Mar 10

The second in-service field training plus additional webinars will be held in 2015 with dates to be determined.

For more information about the project, go to [http://pss.uvm.edu/pdpforage/](http://pss.uvm.edu/pdpforage/)

Please fill this section out and either scan and email or direct mail this form to:

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**Supervisor Agreement:**

I have read the information about the New England Forage and Weed Identification and Management Training Program and agree to support my employee to participate in all trainings and webinars for this program. I will assure that this project is part of his/her work plan.

Supervisor Signature: ___________________________________________ Date: ______________

Supervisor Title: ____________________________________________ (please print)

Organization: ________________________________________________

Participant Name: ________________________________________________