



RELEASE FROM EMPLOYMENT

_____ has been hired by the Cabot School District for the _____ school year. Our district employed this individual during the _____ school year, and is willing to release the above party to be employed by the Cabot School District.

SICK LEAVE BALANCE FOR TRANSFER

We hereby certify that _____ has accumulated _____ days of sick leave at the time of his/her resignation (_____ school year).

School Business Official Signature & Title School District Employer 20__ - 20__ Date

Lisa Baker, Director of Personnel
Cabot School District
602 North Lincoln
Cabot, AR 72023
PH: (501)843-3363 FAX: (501) 941-2610
Lisa.Baker@cps.k12.ar.us