



CLARKSDALE MUNICIPAL
SCHOOL DISTRICT

RELEASE FORM
Send to HR and Payroll ASAP

Name: _____

Location: _____

Last Day of Work: _____

Employment Action: ☐ Termination

☐ Retirement

☐ Resignation

☐ Other: _____

(attach letters)

Position Title and # Days of Employment: _____

Source of Funding: _____
(Program Name, Title of Grant, Account Funding Code, etc.)

APPROVED: _____
Current Supervisor/Principal

Date: _____

Fund Director/Officer

Date: _____

Director of Human Resources

Date: _____

SUPERINTENDENT

Approved ☐ Disapproved ☐

Superintendent Signature Date

BOARD APPROVAL

SALARY ACTION

Retirement, Resignation, Termination:

Last Day Worked: _____ Number of Days Worked: _____ Amount Paid to Date: _____

Amount Earned to Date: _____

Amount Owed to/from Employee: _____ Paid or Received On: _____