## Cache County School District 84 East 2400 North North Logan, Utah 84341 (435) 752-3925 Fax (435) 792-7680

To Whom It May C	lanaarn:			Date:_		_	
10 Whom it way C	oncern.						
I have been employ						et effective s, please verify my	
dates of employment placement is pendir district to release th	nt below. Your ag receipt of this is information to Rae, Director of	promptns information the Ca	tess in reation. I che Cou Resource	eturning this fo hereby authorizenty School Dis ees, at the above	rm will be appreci ze strict. Please retur	iated. My salary school	
	Sincerely,						
	Teacher/Administrator						
Name (printed)							
(first) (r		(midd	niddle) (last)		(maiden, if applicable)		
Service Dates	School	Full Time	Part Time*	# of Days Taught	Position Title	Grade or Subject	
*For part-time emp	loyment, please	indicate	percent	age of time.	I		
If there was an exte and exact dates:	nded leave of a	bsence g	ranted d	uring the empl	oyment, please in	dicate nature of leave	
		Signa	Signature				
	Title						
		Addre	ess				

Date \_\_\_\_\_