

# SWCD OUTGOING STAFF

**DISTRICT:**

"SELECT DISTRICT"

**EMPLOYEE NAME:**

**POSITION**

"SELECT POSITION"

**EFFECTIVE DATE:**

## **PAYOUT INFORMATION**

**NUMBER OF HOURS  
PAID OUT:**

**HOURLY RATE OF PAY:**

## **SIGNATURE APPROVAL**

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**BOARD MEMBER SIGNATURE**

**DATE**

Please submit board approved form to:  
[soil&waterconservationprogram@swcd.mo.gov](mailto:soil&waterconservationprogram@swcd.mo.gov)