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| **강사 이적 동의서****Letter of Release** |
| **이 름(Teachers Name):****국 적(Nationality):****여권 번호(Passport No.):****주 소(Address):****연 락 처(Phone):** |
| **위 사람은(School name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_에서\_\_\_\_\_\_(year)년 (month)월\_\_\_\_\_ (day)일\_\_\_\_ 부터 \_\_\_\_\_\_\_\_\_\_\_\_\_Year년\_\_\_\_\_\_\_\_\_(month)월\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day)일까지 성실하게 근무한자로서 이적을 동의합니다. (The Teacher completed their work satisfactorily and I agree to release them from their visa)** |
| **Date:**  |
| **대표: 학명:**  |
| **(인)** |