

VERIFICATION OF ACCUMULATED SICK LEAVE

Negotiated Agreement "An experienced licensed staff member may transfer in up to ten (10) days of accumulated sick leave from another accredited school district for work experience earned during the preceding year."

To: _____

Return to:

Unified School District No. 417
 17 Wood Street
 Council Grove, KS 66846
 (620)767-5192 or
 Email to: aweeks@cgrove417.org

I hereby authorize you to verify my leave status. At the time of employment my full name was:

_____ Printed Name

_____ Former Name

_____ Social Security Number

_____ Licensed Staff Member's Signature

SCHOOL YEAR	Sick Leave Received	Sick Leave Used	Balance Remaining

 Signature of Official

 Printed Name of Official

 Position

 Date