WASHINGTON UNIFIED SCHOOL DISTRICT
Certificated Personnel
930 West Acres Road, West Sacramento, CA 95691

Please return this form to: Koral Raya, Certificated Human Resources Specialist
Fax (916) 375-7826 Phone: (916) 375-7604, ext. 1044

TO: Personnel Department

District _____

Address _____

City _____ State _____ Zip _____

RE: _____ _____
Name Social Security Number

has been employed by Washington Unified School District for the current school year. Please complete the information below for our records.

I hereby authorize the release of verification of experience and accumulated days of sick leave for illness or injury to the Washington Unified School District.

_____
Signature of Employee

Verification of Experience

It is necessary to list experience by fiscal year, July 1 to June 30, to verify proper placement on the salary schedule.

School Year	Assignment Teacher/Counselor/Principal	% of time employed Full time/Half time/Other	Number of Days of Service Required	Served

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Verification of Accumulated Days of Sick Leave for Illness or Injury (California Districts Only)
(Title 5, Section 5601)

Our records indicate that the above-named person was entitled to a total of _____ days of accumulated <u>unused</u> sick leave upon termination of employment with this district.

_____
Signature

_____ _____

Date Title