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

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

10:	DistrictAddress				
	City		State	Zip	
RE:					
		Name	Social Security Number		
	nation below I hereby aut	ed by Washington Unified School Dis for our records. thorize the release of verification of expe r injury to the Washington Unified Schoo	rience and accumulated days of	•	
		Signature of Employee			
	ol Year	t experience by fiscal year, July 1 to June  Assignment  Teacher/Counselor/Principal	% of time employed Full time/Half time/Other	Number of Days of Service Required Served	
ur re	cords indica	f Accumulated Days of Sick Leave (Title 5, Se ate that the above-named person wa upon termination of employment with	ection 5601) as entitled to a total of	•	
			Signature		
Date			Title		