



VERIFICATION OF UNUSED SICK LEAVE

A school board or governing board of a public school shall not automatically grant an employee additional days of sick leave for retirement purposes.

THIS FORM MUST BE COMPLETED BY A SCHOOL OFFICIAL OR LEAVE OFFICER

I. MEMBER INFORMATION

Member's Name _____ Social Security Number ____-____-_____
Address _____
City, State, Zip Code _____
Email Address _____
Position Title _____ Classified Unclassified
Date of Hire _____

II. SICK LEAVE VERIFICATON

Your School's or Employer's Policy:

_____ Number of Sick Leave Days granted per year

Accrued Sick Leave Verified:

Days/Hours

From: _____ Through: _____ / _____

Transferred from: _____ / _____
(Name of School/Employer)

TOTAL _____ / _____

THE MEMBER'S SICK LEAVE RECORDS MUST ACCOMPANY THIS FORM

I hereby certify under penalty of perjury that the above-named individual worked as noted above.

Signature of School Official

Name of School/Institution

Print Name and Title of School Official

Address

Date

City, State, Zip Code