

WEST JEFFERSON SCHOOL DISTRICT #253

1256 East 1500 North, Terreton, ID 83450

Phone: (208) 663-4542

Fax: (208) 663-4543

SICK LEAVE VERIFICATION REQUEST

Date: _____

If you had unused sick leave in another Idaho school district last year, you may be able to transfer your leave to District #253. Complete the top section, include your name and send to your previous District for verification.

To: _____

(Prior School District Name)

(Mailing Address)

(City, State, Zip Code)

In accordance with Idaho State Code 33-1217, _____,
(Your name)

who recently terminated employment with your district, has requested a transfer of

his/her accumulated sick leave. Please complete the lower portion of this letter and

return to:

West Jefferson School District #253

ATT: Patti Bingham

1256 East 1500 North

Terreton, ID 83450

Termination Date: _____

Accumulated sick leave at time of termination: _____

Signed: _____

(Employer Representative and Title)