

**WOODBURN PUBLIC SCHOOLS**  
**MARION COUNTY SCHOOL DISTRICT 103**  
**965 NORTH BOONES FERRY ROAD**  
**WOODBURN, OR 97071**  
**(503) 981-2710**  
**(503)981-8108 - FAX**

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**Note to Employee: Complete top half of page and mail to former employer.**

**To:** \_\_\_\_\_

**From:** Human Resources Dept.

**Subject:** Verification of sick leave

**RE:** \_\_\_\_\_

(Name of Employee)

\_\_\_\_\_ (Social Security No.)

\_\_\_\_\_ (Former name under which records may be filed)

This will authorize you to verify my sick leave in \_\_\_\_\_ (Name of previous school district)

Please complete the bottom portion of this form and return it to the address above.

\_\_\_\_\_  
Employee's Signature

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**VERIFICATION OF UNUSED SICK LEAVE**  
**(OREGON SCHOOL DISTRICTS ONLY):**

Number of sick leave hours transferred to your district from other Oregon districts \_\_\_\_\_ hours.

Accumulated sick leave hours at time of leaving your district \_\_\_\_\_ hours.  
(Include sick leave transferred in from other Oregon schools)

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Position

\_\_\_\_\_  
School District

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date