

Spokane International Academy

777 E Magnesium Rd, Spokane, WA 99208

Sick Leave Verification

To be completed by employee	
Legal Name	SSN (last 4)
Former Name	Date of Birth
School District	Approx. Dates of Employment

To be completed by responsible official at former employer	
Institution Name	City & State
Check one: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> College/University	
Name of Certifying Officer	Title
Phone Number	Email

Washington State Employers

This Employee has **Accumulated sick leave** earned in WA State to transfer from our school in the amount of _____ hours.

I certify that the information listed above is correct according to our official records.

Signature of Certifying Officer

Date

Employers: Please complete and submit directly to Spokane International Academy via email, hr@spokaneintlacademy.org