

**Laura Berryman**

**Director of Human Resources**

**Ph: 419.473.8225**

**Fax: 419.473.8247**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been employed by the Washington Local School District and has indicated that he/she has previous teaching experience in your school district. Your assistance is requested in verifying this past experience. Experience should be verified by the Superintendent or his/her designee. Thank you for your assistance.

\*If employed as a substitute, only those years in which the individual taught 120 days or more need to be verified.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employing Board of Education** | **School Year** | **Number of Months/Days/Years** | **Grade/Subject**  **Taught** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Years** |  |  |  |

What type of contract was the individual employed under?

Limited\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Continuing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Granted\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named teacher has \_\_\_\_\_\_\_ number of days in accumulated sick leave with our district.

\_\_\_\_\_\_\_\_\_\_\_ The above named individual was a substitute teacher and was not employed under contract.

**Please transfer my sick leave days to Washington Local Schools. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sincerely,

**** **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laura Berryman

Director of Human Resources

Washington Local Schools **Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3505 W. Lincolnshire Blvd.

Toledo, OH 43606 **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**