



Eugene School District 4J
Human Resources Department
200 North Monroe Street
Eugene, OR 97402-4295

Verification of Sick Leave

Name: _____ has been employed by Eugene School District 4J and states they were previously employed by your Oregon public school district and have available sick leave to transfer to our District.

Formerly employed by _____

Address _____

Accumulated sick leave _____ hours.

Number of hours transferred from another district _____

Termination date _____

Sign name

Print name

Title

Date

Thank you for your help,
Eugene School District 4J

Please complete and mail to:

EUGENE SCHOOL DISTRICT 4J
PAYROLL DEPARTMENT
200 NORTH MONROE STREET
EUGENE, OR 97402