



Mount Vernon School District No. 320
124 E Lawrence Street
Mount Vernon, WA 98273

1. Statement by Transferring Employee

I have accepted employment with the Mount Vernon School District. I hereby request that you transfer to the Mount Vernon School District my accumulated sick leave balance to which I am entitled to under RCW 18A.400.300.

This is to certify that I, _____, was employed by:
(Print Name)

Former District: _____ Dates of Employment: _____

District Full Address: _____

District Contact Number: _____

Employee Signature: _____

Date: _____

Employee ID or last four digits of SSN: _____

2. Response by Former District

This is to certify that the above-named person was employed by:

_____ (District Name)

from _____ to _____ and that the following is true and correct:

Total number of **unused** sick leave hours to be transferred: _____

Total number of sick leave hours **used** in current calendar year (Jan-Dec): _____

Total number of **shared leave hours** used during employment: _____

Name of Certifying Official (print) _____ Title: _____

Signature: _____ Date: _____

3. Return this form to:

Mail: Mount Vernon School District
Attn: Payroll Department
124 East Lawrence Street
Mount Vernon, WA 98273

Fax: (360) 428-6108 Attn: Payroll Department