



**SOLON CITY SCHOOL DISTRICT**  
 33800 Inwood Rd.  
 Solon, OH 44139  
 P: 440-248-1600  
 F: 440-248-7665

## REQUEST FOR VERIFICATION OF EXPERIENCE AND/OR SICK LEAVE

THE FOLLOWING INFORMATION MUST BE RECEIVED WITHIN 60 DAYS FOR SALARY PLACEMENT TO BE EFFECTIVE FOR THE CONTRACT YEAR.

Please send to Jared Wolf, Director of Payroll, at the above contact or e-mail to [jaredwolf@solonboe.org](mailto:jaredwolf@solonboe.org).

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

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee: \_\_\_\_\_ SSN# \_\_\_\_\_

Please complete this form for an employee who is new to the Solon City School District. Please verify experience requiring teaching credentials and under contract.

Did this employee have a continuing contract (tenure)?  Yes  No

SCHOOL YEARS		ASSIGNMENT & GRADE	% OF TIME FULL/HALF	SERVICE DAYS PER YEAR	CREDENTIAL HELD
FROM	TO				

**SICK LEAVE BALANCE (TO BE COMPLETED BY OHIO SCHOOL DISTRICTS ONLY)**

**TOTAL HOURS ACCUMULATED** \_\_\_\_\_

**TOTAL DAYS ACCUMULATED** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_