

SICK LEAVE AFFIDAVIT

This is to certify that _____, a (teacher, bus driver, custodian, secretary, cook, other) held the following number of days of unused Sick Leave credit at the time of separation from this district:

_____ Days of Leave Credit
_____ Date of Separation
_____ Name of District
_____ Address of District

_____ Signature of Certifying Official
_____ Title
_____ Date

Please return this form, when completed to:

Treasurer, Northeastern Board of Education
4435 Bosart Road
Springfield, OH 45503

or via email to morganferry@nelsd.org

PR-SL 7/90

AFFIDAVIT OF TEACHING EXPERIENCE

This is to certify that _____, holds credit for (teaching, aide, other) experience as follows:

_____ Years Credit from this District
_____ Years Credit from Previous District
_____ Months Credit, United Armed Forces
_____ Name of District
_____ Address of District

_____ Signature of Certifying Official
_____ Title
_____ Date

Please return this form, when completed to:

Treasurer, Northeastern Board of Education
4435 Bosart Road
Springfield, OH 45503

or via email to morganferry@nelsd.org

PR-TE 7/90