



FALLBROOK UNION HIGH SCHOOL DISTRICT  
 2234 S. Stagecoach Lane, Fallbrook, CA 92028  
 Phone: (760) 723-6332 Fax: (760) 723-1795  
 Return forms to Jean Proctor at jproctor@fuhsd.net

**VERIFICATION OF SERVICE AND SICK LEAVE**

District Name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested by: Jean Proctor, Human Resources Specialist, (760) 723-6332 ext.6493

I, \_\_\_\_\_, SSN: \_\_\_\_\_

have recently been appointed to a certificated position with the Fallbrook Union High School District. In order to comply with Education Codes 44979, please verify experience in your district and any sick leave this person may have accumulated.

Authorization to Release information Granted by: \_\_\_\_\_

**DISTRICT VERIFICATION ONLY BELOW THIS LINE**

DATES OF SERVICE		Number of Months	Position	Hours per day/FTE
FROM Mo. Day. Yr.	TO Mo. Day Yr.			

Please indicate the number of Hours of accumulated but unused sick leave that this person had as of his/her termination date of \_\_\_\_\_.

( \_\_\_\_\_ )  
 Number of Hours

I certify the above statement of accumulated sick leave and employment verification to be true and correct.

\_\_\_\_\_  
 Name/Title Signature Date