

Snohomish School District #201  
Snohomish, Washington

**Employee Paid Sick Leave Notification Verification**

I have received information regarding my entitlement to paid sick leave beginning January 1, 2018. I have been informed that this leave will accrue at the rate of one (1) hour of paid leave for every 40 hours I work. I have also received an explanation of the accrual and sick leave usage process.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Employee Signature

5320F.1  
5/2018

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