Wahluke School District # 73 P.O. Box 907 Mattawa, WA 99349 Phone (509) 932-4565 Fax (509) 932-4565

			Payroll Office
Date:			
To:	Payroll Office		
From:	Certified Employee's	Name (please prin	t)
Certified	Agreement: Article	e VII. Leaves; S	Section B
option u		`	5) days. At each employee's ack to the District for the
Minimu	m number of hours i	needed to be so	ld back is
Current	Balance	_ hours or	days.
	sell back the employee's per		days of Personal
Employe	ee Signature:		
Date:			