



**WEAKLEY COUNTY DEPARTMENT OF FINANCE**

Shawn Francisco, Director of Finance

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**Please return this form to: Weakley County Department of Finance**

**8319 Hwy. 22, Suite B**

**Dresden, TN 38225**

**Please certify *AND* have notarized the accumulated sick leave days at the end of the**

**\_\_\_\_\_ - \_\_\_\_\_ school year for the below named teacher.**

\_\_\_\_\_

**Teacher**

\_\_\_\_\_

**Superintendent/Principal**

\_\_\_\_\_

**Sick Days**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

**Notary Public**

**My commission expires: \_\_\_\_\_**