

# 2018 Educator Internship Program

*Stanislaus Partners in Education*

## **WORKER'S COMPENSATION INSURANCE VERIFICATION**

\_\_\_\_\_  
*Print Name of Intern*

is covered by the school district's Worker's Compensation Insurance while participating in the 2018 SPIE Educator Internship Program, May 1, to August 21, 2018.

\_\_\_\_\_  
*Intern Signature*

**Date:** \_\_\_\_\_

\_\_\_\_\_  
*Circle One: School Principal/District Superintendent Signature*

\_\_\_\_\_  
*Print Name of Principal/Superintendent*

**Date:** \_\_\_\_\_

**This form must be submitted by March 16, 2018 either by:**  
Mail: SPIE, 1100 H Street, 2<sup>nd</sup> Floor, Modesto, CA 95354;  
Fax: 209-238-4254;  
Email: [druiz@stancoe.org](mailto:druiz@stancoe.org)