

2019 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 2019 SPIE Educator Internship Program, May 1, to August 20, 2019.

Intern Signature

Date: _____

Circle One: School Principal/District Superintendent Signature

Print Name of Principal/Superintendent

Date: _____

This form must be submitted by March 15, 2019 either by:
Mail: SPIE, 1100 H Street, 2nd Floor, Modesto, CA 95354;
Fax: 209-238-4254;
Email: druiz@stancoe.org