

CERTIFICATION OF SCHOOL DISTRICT/STATE AGENCY SERVICE

For Annual Leave Accrual / Sick leave Transfer

Note: Only time from the most recent employer will be transferred.

To Be Completed By Employee

TO: _____ DATE: _____
(School District/State Agency)

NAME: _____ SS#: _____

Names used when employed: _____

Types of Employment:

_____ Full-time, permanent _____ Part-time, permanent
_____ Full-time, temporary _____ Part-time, temporary
_____ Seasonal _____ Emergency

Period(s) of Employment (Month, Day, Year)

From: _____ To: _____ From: _____ To: _____
(Continue on reverse side of form if additional space is required.)

Remarks: _____

Employee's Signature

To Be Completed By Former Employing Agency

Please verify the following information from your records and return to:

**South Carolina Department of Education
Office of Human Resources
1429 Senate Street, Room 206
Columbia, SC 29201**

I certify that _____ was employed by _____
_____ for the period(s) indicated below:

Types of Employment:

_____ Full-time, permanent _____ Part-time, permanent
_____ Full-time, temporary _____ Part-time, temporary
_____ Seasonal _____ Emergency

Period(s) of Employment (Month, Day, Year)

From: _____ To: _____ From: _____ To: _____
(Continue on reverse side of form if additional space is required.)

What was employee's total unused sick leave days upon termination? _____

What was employee's total unused annual leave days upon termination? _____

Date

Signature

Title of Certifying Official (type)