

Darlington County School District
Student Teacher/Internship Authorization Form for Full-Time
Classified Employees Only

The District recognizes that we have employees who need time away from their job to complete their student teaching/internship requirements. We encourage and support the furtherance of your education.

During this period, we allow the employee to work one day during each month absent in order to continue employer fringe benefits. The Payroll Department adjusts paychecks based on the days worked and continue paychecks with payroll deductions.

Please complete this form and forward to Personnel no later than 30 days prior to the required absence.

(/To be completed by Employee)

Name		
Social Security No.		
Location		
Position		
Reason for Absence	<u>STUDENT TEACHING/INTERNSHIP</u>	
Student Teaching/Internship Starting Date		
College		
Major		
Dates to be worked per month	1.	
	2.	
	3.	
Date to return to Position		

Signature/Employee

Approved by Supervisor/Principal

Date

Date

(/To be completed by Personnel)

EMPLOYEE NUMBER _____

Comments: _____

Signature/Personnel

Date