



Business Office*PO Box 1117*Darlington, South Carolina 29540 *(843) 398-2276; FAX (843) 398-2240

NEW HIRE MEDICAL LEAVE TRANSFER VERIFICATION

Please email this form to your prior employer and cc Stephanie.bracey@darlington.k12.sc.us

The Darlington County School District accepts transfer of unused medical leave from other school districts subject to the following restrictions:

- A. Transfer Medical Leave must not have been taken or paid for in any manner.
- B. Only Medical Leave can be transferred. Other types of leave (Holiday, Vacation, Annual, etc.) cannot be accepted.

Please assist us in verifying the following Medical Leave information:

NAME OF EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

FORMER POSITION _____

FORMER SCHOOL DISTRICT OR STATE AGENCY NAME

ADDRESS _____

TELEPHONE _____

Email _____ **Contact Person** _____

I hereby authorize release of the above information.

*

Employee Signature

Date

(To be completed by former school district)

MEDICAL LEAVE ACCUMULATED (UNPAID/UNUSED) _____ **(days)**

Authorized Signature & Position Title

Date

Please email completed form to Stephanie Bracey, Stephanie.bracey@darlington.k12.sc.us