DARLINGTON COUNTY SCHOOL DISTRICT

Transfer/Reassign Recommendation Form 2026-2027

☐ Transfer *within* school/location ☐ Transfer from *another* school/location

☐ Reassign from *another* school/location

Name	
TRANSFER FROM	
Current Location	
Current Assignment	
TRANSFER TO	
Recommended Location	
Recommended Assignment	
Replacement of	

The employee has been notified of this recommendation and the approval process: Yes ☐ No ☐

Verbal contact has been made with the following supervisor:

Name/Relationship	

Recommending Principal/Supervisor Signature		**Date:**
Chief Academic Officer Signature		**Date:**

[WORKFLOW - FOR OFFICE USE ONLY]

Employee ID Number		**Number of Workdays**			
Account #				**FTE**	
Delete					
Create		**Acct #**		**FTE**	

1 - Anticipated Salary	**Scale/Step:**		**Salary:**	
2 - Contract Level			**Start Date:**	
3 - Accepted Upon Board Approval		Accepted	Declined	Date:
4 - HR Director Signature				
5 - Chief Human Resources Officer Approval		Approved	Denied	Date:
6 - Chief Human Resources Officer Signature				

DARLINGTON COUNTY SCHOOL DISTRICT

APPLICANTS INTERVIEWED

Position	
Location	

Person Recommended:	
2nd Choice	
3rd Choice	

Persons Interviewed Listed Below

Name	Address	Interview Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Must be attached to all recommendation forms (transfers and new hires)

Signature of Principal/Supervisor	
Date	

Revised March 2026