



TRANSFER INFORMATION

The BCSD accepts the transfer of sick leave days from another school district or state entity in South Carolina. Out of state days will not be accepted.

District /State entity completing form: _____

Please verify sick leave accrued as of separation date for:

First Name	Last Name
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SSN: _____

Sick Leave Days Accrued: _____ (days)
_____ (hours)
(if hours listed, BCSD will convert to days)

District/Agency Authorizing Signature	Date
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Title	Contact Number
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Please return this form to employee listed above.

**Employee please bring to your
New Hire Orientation scheduled meeting.**