



## VERIFICATION OF SICK LEAVE

Please return form to: Bamberg School District Two  
Payroll & Benefits Services  
62 Holly Avenue  
Denmark SC 29042  
Fax: 803.793.2002 Email: [droberts@bamberg2.org](mailto:droberts@bamberg2.org)

Employee Name: \_\_\_\_\_ Employee Social Security Number: \_\_\_\_\_

At the end of the \_\_\_\_\_ school year, the above named employee had the following:

\_\_\_\_\_ Unpaid sick leave days

Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name of SC District or State Agency: \_\_\_\_\_

*For Bamberg School District Two Use Only*

Employee ID: \_\_\_\_\_ Number Hours added to Lawson: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Route form to Human Resources after processing to be filed in employee's personnel file*