



New Employee Transfer of Leave Form

If you have worked for another South Carolina state agency, or for a South Carolina school district, please have them complete this form as thoroughly as possible. The information will be used to assist us in determining your state service date, as well as appropriate annual leave accrual rate. This can be submitted at hrleave@mailbox.sc.edu.

To Be Completed by Previous Employer

1. Employee Name (First, MI, Last):			
2. Name of Previous Employer:			
3. Type of Previous Employer: SC State Agency SC School District SC Higher Education SC Legislature/Court Other			
4. Type of Position: Full-Time Equivalent <input type="checkbox"/> Research Grant Position <input type="checkbox"/> Time Limited Position <input type="checkbox"/> Temporary Position <input type="checkbox"/>			
5. State Service Date:		6. Annual Leave Accrual Date:	
7. Annual Leave Balance (hours):	8. Sick Leave Balance (hours):	9. YTD Family Sick Leave Hours Taken:	10. YTD FMLA Hours Taken:
11. Average Number of Hours Per Workday:	13. Dates of Paid Parental Leave (PPL) Taken in Last 12 Months:	14. YTD Annual Leave Hours Taken:	15. Paid Military Leave Hours Taken (FFY):
12. Was annual leave paid out upon separation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Start: End:	16. Do all leave balances reported include all future leave accruals the employee is entitled to receive prior to separation? Yes No	
17. Hire Date:		18. Separation Date:	
19. Previous Employer's Contact Name:		20. Job Title:	
21. Email Address:			
22. Phone Number:		23. Date:	
*Please email this form to hrleave@mailbox.sc.edu, or fax to 803.777.1584			

To Be Completed by USC Benefits

To Be Reviewed by Leave Administrator	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Name of Approver:	Date: