

# Florence District Three

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## Personnel Report

October 2025

# Coastal Carolina Practicum Day



**LCECC, MSE, JCL & SES**

- ❑ October 28, 2025
- ❑ November 5, 2025

# Recognitions



September 23, 2025

National IT Professionals Day

September 26, 2025

HR Professionals Day

October 2, 2025

Maintenance Worker/Custodial Worker Recognition Day

October 6, 2025

National Athletic Coaches Day

# MEET THE TEAM

Meet the **IT team** — the problem solvers who keep everything running smoothly. Their skills and passion drive the technology that powers our success. Today, on National IT Professionals Day, we celebrate and thank them for the critical role they play every day



Noah DeCamps

Network Systems  
Manager



Brett Yarborough

Computer Network  
Technician



Brian Huckabee

Dir. of Communications,  
Technology & Facilities



## IT PROFESSIONALS DAY SEPTEMBER 23, 2025



Our office location  
125 S. Blanding Street,  
Lake City, South Carolina



More Information at  
[www.fsd3.org](http://www.fsd3.org)



Phone Number  
843-374-8652

# MEET THE TEAM

Get to know the **HR team**—the people behind the people. Each member brings unique skills and passion to support, guide, and celebrate those who make our schools succeed



Angelia Scott

Director of HR



Ja'Ziah Eaddy

Staff Specialist



Sheila Elmore

Employment Specialist



Zauria T. Isaiah

Transition Specialist



HR PROFESSIONALS DAY  
SEPTEMBER 26, 2025



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125 S. Blanding Street,  
Lake City, South Carolina



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# MEET THE TEAM



Every bright hallway, every safe classroom, every smooth-running system is thanks to our custodial and maintenance teams. They bring pride, professionalism, and passion to keeping our schools running strong.



Brian Huckabee  
District



Mitch Driggers  
District



Franklin Brown  
District



Brian Croker  
District



Lloyd McElveen  
District



Bobby McGee  
District



Jake Smalls  
District



**CUSTODIAN AND MAINTENANCE APPRECIATION DAY**  
**OCTOBER 2, 2025**



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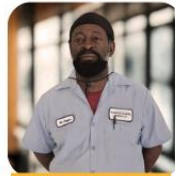
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Bryant Brockington

LCHS



Willie Burgess

LCHS



Jammie Burgess

DREM



Barbara Evans

DREM



Jeff Flowers

LCECC



Willie Flowers

SES



Deloris Frierson

LCHS



John Hanna

LCHS



James Herd

DREM



Shevar Horton

OCASM



**CUSTODIAN AND MAINTENANCE APPRECIATION DAY**  
**OCTOBER 2, 2025**



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Clifford Moore  
OCASM



Lora Robinson  
SES



Clyde Robinson  
LCHS



Paul Rosian  
LCECC



Gerome Singletary  
LCECC



Leon Whack  
LCHS



Tywanna Brown  
CMA - JCL



Ronnie Dennis  
CMA - JCL



Otis Franklin  
CMA - MSE



Shenna McDowell  
CMA - MSE



Shirley McDowell  
MSE - JPT



Christopher Scott  
CMA - JCL



Mandy Singletary  
CMA - JPT



Steven Vandross  
CMA - MSE



Dewretha Ward  
CMA - JPT



**CUSTODIAN AND MAINTENANCE APPRECIATION DAY**  
**OCTOBER 2, 2025**



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# MEET THE TEAM



Meet our Athletic Coaches—the mentors who inspire teamwork, discipline, and school pride. Their leadership builds champions on the field and in life.



Matthew Apicella



Seneca Barron



Zateashma Blue



Edward Brogdon



Marlon Brown



Scott Cook



Shaquette Cooper



Destiny Croker



Elisabeth Emhof



Jamison Estep



Jeremy Gerken



Emilio Geronimo



Abram Graham



Ernest Graham



Keenan Graham



NATIONAL ATHLETIC COACHES APPRECIATION DAY  
OCTOBER 6, 2025



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Kevin Graham



Theresa Graham



Rodrick Green



Brittany Hood



Margie Johnson



Matthew Luna



Jarren Manning



Heidi Matthews



Jeur'el McFadden



Lorenzo McFadden



Joshua Reynolds



Wenesia Sanders



Gale Singleton



George Turner



Chelsy Harris



Cassie Graham-Rogers



Alberta Riley



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# Sign Up Today



## Application launching



Your dream job is waiting!

Sign up for Florence District Three's job alerts and be the first to know about exciting opportunities, amazing benefits, and a community that supports your growth.



Don't miss out — stay connected!



#Florence3.0 #NowHiring #JoinFSD3



[www.fsd3.org](http://www.fsd3.org)



843-374-8652



Job Alerts

Certified Positions

Classified Positions

Administrative Postions

# Florence District Three

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## Sick Leave Bank Program Proposed Policy

October 2025 – 2<sup>nd</sup> Reading



# **SICK LEAVE BANK PROGRAM**

*Code* **GCCAAA**

Florence School District Three has established a sick leave bank program, allowing all staff members who have accrued sick or annual leave in excess of 60 days to contribute their unused leave to a sick leave bank. The purpose of the sick leave bank is to provide additional leave for staff members experiencing a catastrophic situation, resulting from a serious illness or accident that requires a staff member to be absent from work when all of their sick and vacation leave has been exhausted.

Staff members who have been employed with the district for three consecutive years will be eligible to receive donations of sick leave for medically certified illness, injury, impairment, or pregnancy or related condition of a staff member or a member of his/her immediate family that will cause the staff member to exhaust all accumulated leave earned during his/her employment with the district. The superintendent or his/her designee will have sole discretion to approve or deny all leave donation requests in accordance with this policy.

Any donation of sick leave by one staff member to another is strictly voluntary. No staff member will be coerced, threatened, intimidated, or financially induced into donating sick leave under this policy.

In the implementation of this program, no individual will be discriminated against on the basis of race, religion, sex (including pregnancy, childbirth, or any related medical conditions), color, disability, age, genetic information, national origin, or any other applicable status protected by local, state, or federal law.

## **Donating Leave**

Staff members desiring to donate leave under this program must:

have been employed with the district in a leave earning position for a minimum of three consecutive years

- donate to each receiving staff member no less than 10, but no more than 20, days
- donate no more than 40 days per school year
- not allow his/her sick or annual leave balance to drop below 10 days

# SICK LEAVE BANK PROGRAM

Code **GCCAAA**

Staff members must submit a signed, dated form to the human resources department designating the number of days being requested for donation and the name of the individual to receive the donation. Any unused days donated to a staff member at the time of his/her return to work will be returned to the donating staff members in order of donation (last in, first out) and by number of donated days (lowest first).

## **Receiving Leave**

All requests for sick leave donations must be submitted in writing to the superintendent or his/her designee. The request must include the reason for the request and the number of sick leave days requested. The superintendent or his/her designee will have sole discretion to approve or deny all leave donation requests in accordance with this policy.

To qualify to receive donations under this program, staff members must:

- have been employed with the district for a minimum of three years
- have exhausted all sick leave, vacation, and personal leave days
- must still be out on leave

Staff members who are released to work for any portion of the workday will not be eligible to receive donations. As of the effective date that a staff member is approved for payment under any long-term disability policy, the staff member will no longer qualify to use donated sick days.

During his/her employment with the district, staff members will be limited to receiving 90 donated days per year.

Cf. GCC

# SICK LEAVE BANK PROGRAM

Code **GCCAAA**

## Legal References:

United States Code of Laws, as amended:

Age Discrimination in Employment Act of 1967, 29 U.S.C.A. Section 621, *et seq.*

Age Discrimination Act of 1975, 42 U.S.C.A. Section 6101, *et seq.*

Americans with Disabilities Act of 1990, 42 U.S.C.A. Section 12101, *et seq.*

Genetic Information Nondiscrimination Act of 2008, 42 U.S.C.A. Section 2000ff, *et seq.*

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. Section 701, *et seq.*

Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. Section 2000d, *et seq.*

Title VII of the Civil Rights Act of 1964, 42 U.S.C.A. Section 2000e, *et seq.*

Title IX of the Education Amendments of 1972, 20 U.S.C.A. Section 1681, *et seq.*

S.C. Code of Laws, 1976, as amended:

Section 1-13-10, *et seq.* - Prohibits discrimination on the basis of race, religion, color, sex, age, national origin, or disability.

Section 59-25-47(B) - Permits the establishment of a sick leave bank.

# SICK LEAVE BANK PROGRAM

Code **GCCAAA-E**

## Request to Donate Sick Leave

A staff member wishing to donate sick leave days to another district staff member will complete this form and submit it to the district office. The staff member requesting to receive will be responsible for providing any required statement of need by a licensed physician.

Name: \_\_\_\_\_ School/Work Site: \_\_\_\_\_

Number of sick days I wish to donate: \_\_\_\_\_

**Note:** *The number donated may not reduce the staff member's accumulated sick leave balance to less than 10 days. Staff members may only donate up to 20 days at a time, but no less than 10 days, and may only donate a total of 40 days per school year. Any unused days at the time of return to work will be returned to staff members in accordance with district policy. Days can only be donated to staff members who are currently on medical leave. The superintendent or his/her designee will have sole discretion to approve or deny all leave donation requests.*

District staff member to whom I wish to donate days: \_\_\_\_\_

\_\_\_\_\_  
Donating staff member's name (please print)

\_\_\_\_\_  
Donating staff member's phone number

\_\_\_\_\_  
Staff member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Commission expiration date



# SICK LEAVE BANK PROGRAM

Code **GCCAAA-E**

## TO BE COMPLETED BY DISTRICT OFFICE

The staff member to whom sick leave days are to be donated ☐ is eligible ☐ is not eligible to receive the days based on the following criteria.

Check each requirement below that is met:

- ☐ The donating staff member's sick leave balance will not fall below 10 days.
- ☐ The receiving staff member has been employed with the district for three consecutive years and suffers from a certified illness, injury, impairment, or pregnancy or related condition.
- ☐ The receiving staff member's immediate family suffers from a certified illness, injury, impairment or pregnancy or related condition.
- ☐ The receiving staff member's need for the absence and use of sick leave are certified by a licensed physician (as attached).
- ☐ The receiving staff member has exhausted his/her accumulated sick leave and any other paid leave granted by the board.
- ☐ The receiving staff member has complied with the district's policies governing the use of sick leave.

# SICK LEAVE BANK PROGRAM

Code GCCAAA-E(2)

## Request For Use of Days from Sick Leave Bank

Name: \_\_\_\_\_ School/Work site: \_\_\_\_\_

*This information will be held in confidence and will be reviewed only by the superintendent or his/her designee. The superintendent or his/her designee will have sole discretion to approve or deny all leave donation requests. The staff members will be notified in writing of the decision.*

*Note: The receiving staff member may only receive a total of 90 days per school year.*

1. Have you used days from the sick leave bank before? \_Yes\_\_\_\_\_No

a) If yes, how many days? \_\_\_\_\_

b) When were these days used? \_\_\_\_\_

c) Does the illness or injury prompting this request relate to your previous use of bank days?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain.

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2. How many days are you requesting from the sick leave bank? \_\_\_\_\_

a) When was (or will be) your last available day of paid leave? \_\_\_\_\_

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# SICK LEAVE BANK PROGRAM

Code GCCAAA-E(2)

## **Physician's Certification**

*All requests to draw from the sick leave bank must have a physician's signature certifying the urgency of the medical leave and be accompanied by a statement from the physician's office that the leave is medically required by the specific illness or disability.*

\_\_\_\_\_The requested leave is considered medically urgent

\_\_\_\_\_The requested leave is not considered medically urgent.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Staff Members' Certification**

*By signing below, I agree to release any information requested by the sick leave bank relating to my injury or illness for which this request is being made. I authorize my physician to release any information relating to my request. I understand I will be liable for reimbursement of all salary and benefits expended by the sick leave bank for any material misrepresentation of facts.*

\_\_\_\_\_  
Staff member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Commission expiration date

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## **Administrative Use Only**

\_\_\_\_\_Request Approved

\_\_\_\_\_Request Denied