Florence District Three

Personnel Report

November 2025

Recognitions

November 3-7, 2025
National School Psychologist Week

November 11, 2025
Veterans Day

November 19, 2025
Educational Support Staff Appreciation Day

November 21, 2025
Substitute Appreciation Day

FLORENCE SCHOOL DISTRICT THREE

MEET THE TEAM

Meet the **School Psychologist team** — During National School Psychology Week, we honor our School Psychologists—the calm, caring guides who make a difference every single day. Your dedication to collaborating with educators and families helps create supportive, thriving school communities where every student can succeed.

Diana DeCamps

School Psychologist

Jennifer McIntosh

School Psychologist

Fannie Mason

Richard Rutenberg

Not Pictured

SCHOOL PSYCHOLOGIST WEEK
NOVEMBER 3-7, 2025

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

More Information at
www.fsd3.org

Phone Number
843-374-8652

FLORENCE SCHOOL DISTRICT THREE

HONORING THOSE WHO CONTINUE TO SERVE

Today, we honor the brave men and women among our staff who once served our country and now serve our students. Your dedication, integrity, and commitment to excellence continues to make a lasting impact—both in and out of uniform. We are proud to have you as part of our Florence Three family.

Ravin Brayboy
Army Reserve

Edward Brogdon
Marine Corps

Kenneth Brown
Marine Corps

Beverly Campbell
Army

Willie Davis
Army

Abram Graham
Marine Corps

Kevin Graham
Army, National Guard

Sgt. Sean Mitchell
Army

Clyde Robinson
Air Force

Jake Smalls
Army

LTC (R) Jeffery L Watkins
Army

Clarence Williamson
Air Force

John Wilson
Army

Tonia Wilson
Navy

Deborah Wynter
Army

VETERANS DAY
NOVEMBER 11, 2025

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

More Information at
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Phone Number
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Sign Up Today

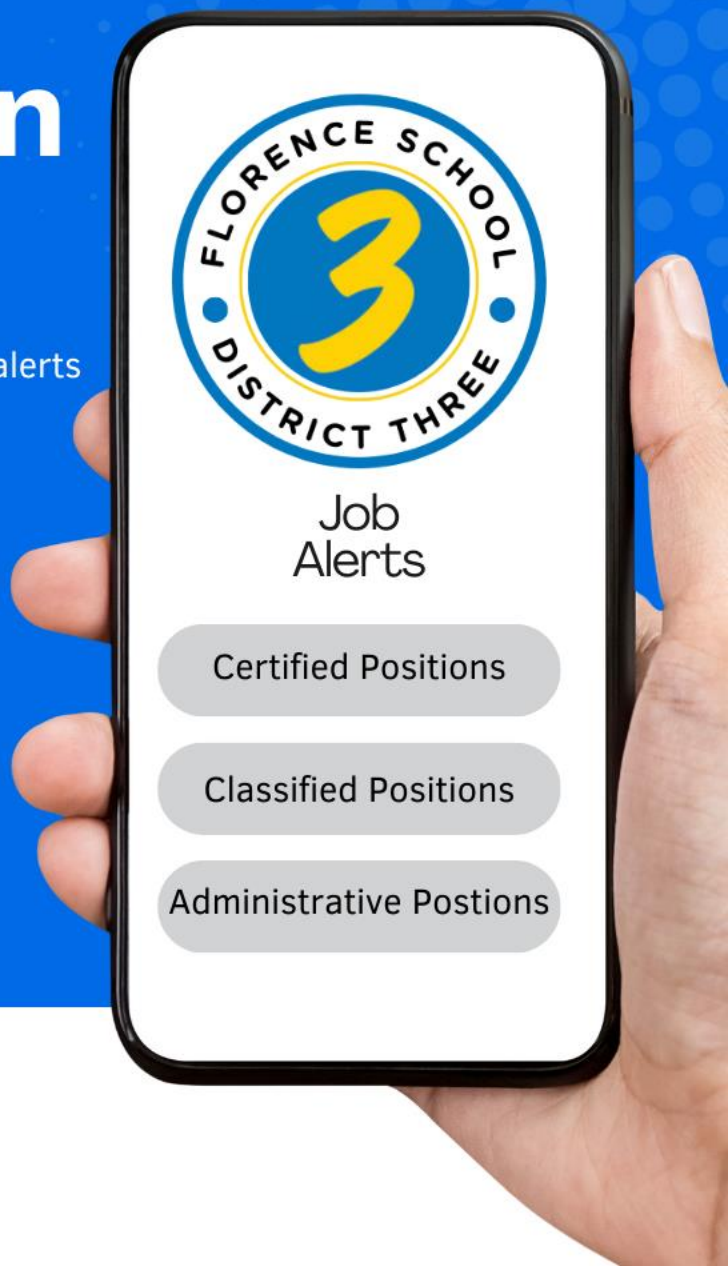
FLORENCE SCHOOL DISTRICT 3
A PREMIER DISTRICT OF CHOICE

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!

bitly

#Florence3.0 #NowHiring #JoinFSD3



www.fsd3.org
843-374-8652

Florence District Three

Sick Leave Bank Program Policy

November 2025 – Administrative Rule (Forms)

Request to Donate Sick Leave

GCCAAA-E

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: _____ **Location:** _____

Receiving Staff Member:_____**# of sick days I wish to donate:** _____

Note: *Donations are only permitted for employees on medical leave. Unused days will be returned per district policy. The superintendent or designee has sole authority to approve or deny requests.*

As a staff member choosing to donate leave under this program, I acknowledge and agree to the following:

- ☐ I have been employed in a leave-earning position with the district for at least three consecutive years.
- ☐ I will donate no fewer than 10 days and no more than 20 days at a time.
- ☐ I will not donate more than 40 days in a single school year.
- ☐ My sick or annual leave balance will not be reduced below 10 days by my donation.
- ☐ I understand that any unused donated leave will be returned to donors in the order of donation (last in, first out) and by the number of days donated (fewest first).
- ☐ I am donating leave voluntarily and of my own free will, without any pressure or coercion.

_____ _____

Donating Staff member's signature *Date*

TO BE COMPLETED BY HUMAN RESOURCES - *Check each requirement below that is met:*

- ☐ The **donating** staff member has been employed with the district for three consecutive years in a leave earning position.
- ☐ 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 complied with the district's policies governing the use of sick leave.

_____ _____

Signature *Date*

TO BE COMPLETED BY FINANCE - *Check each requirement below that is met:*

- ☐ The **donating** staff member's (_____) sick leave balance will not fall below 10 days as of_____.
  Sick Leave Balance _____ Personal Leave Balance _____ Vacation Leave Balance _____
- ☐ The **receiving** staff member_____has exhausted his/her accumulated sick leave and any other paid leave granted by the board.

_____ _____

Signature *Date*

APPROVAL/DENIAL

The staff member to whom sick leave days are to be donated ☐ **is eligible** ☐ **is not eligible** to receive the days based on the Sick Leave Bank Program criteria.

Request For Use of Days from Sick Leave Bank

Name: _____ ***Location:*** _____

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 sick leave bank days?_____Yes _____No *If yes, explain.*

   _____
   _____

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? _____

_____

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: _____.

_____

Administrative Use Only

____Request Approved ____Request Denied *(explanation below)*

- ☐ The staff member has not been employed with the district for three consecutive years in a leave-earning position.
- ☐ The medical documentation provided does not support that the employee or his/her immediate family suffers from a certified illness, injury, impairment, or pregnancy or related condition.
- ☐ The employee has returned to work.

Florence District Three

Staff Vacations & Holidays

November 2025

SUPPORT STAFF VACATIONS AND HOLIDAYS

Code **GDD** *Issued* 3/21/2024 *Latest Revision* *Latest Review*

ACTION Needed

School-Year Personnel
The school calendar, as adopted by the board, establishes the school recess periods and holidays for instructional support staff members employed on a school-year basis.

Vacation Leave
Each full-time, 12-month staff member is entitled to 10 days of vacation leave with pay. An individual must be employed with the district 12 consecutive months to be eligible to use earned vacation leave. Vacation leave will be awarded on the anniversary date of the staff member's initial employment. This leave will be prorated based on the fiscal year.

Vacation leave will be awarded on July 1st but prorated if a staff member does not complete their contractual obligation to the district for that fiscal year. Leave taken in excess of the accrued pro rata rate will be deducted from the staff member's paycheck.

Vacation leave will be awarded on July 1st but prorated if a staff member does not complete their contractual obligation to the district for that fiscal year. Leave taken in excess of the accrued prorate rate will be deducted from the staff member's paycheck.

Vacation days may be taken as accumulated, subject to the approval of the immediate supervisor. Any accrued vacation must be taken within the fiscal year, unless a formal request is submitted to the Superintendent for possible approval. When a staff member wishes to take vacation he/she must secure the approval of his/her supervisor at least 10 days in advance. Vacation should be arranged as far in advance. Vacation should be arranged as far in advance as possible so as not to disrupt the continuity of the educational process.
Any accumulated vacation will be lost at the termination of employment unless a formal request is submitted to the Superintendent for possible approval.

~~**Administrators Year-Round Personnel**~~
~~Administrative support staff member employed on a full-year basis (52 weeks) and year-round instructional support staff will receive vacations and holidays as follows~~
~~*Vacations*~~
~~District administrative support staff employed on a 240-day basis are entitled to two weeks, 10 working days, of vacation exclusive of school holidays. Vacation accrual for service in the district of full-time staff will be as follows:~~
- ~~after three years – 12 days~~
- ~~after five years – 13 days~~
- ~~after seven years – 14 days~~
- ~~after ten years – 15 days~~

~~Vacation days may be taken as accumulated, subject to the approval of the immediate supervisor.~~ **~~Any accrued vacation must be taken within the fiscal year, unless a formal request is submitted to the Superintendent for possible approval.~~** ~~Vacation days may not be accumulated beyond 45 days (state maximum for carryover). When a staff member wishes to take vacation, he/she must secure the approval of his/her supervisor at least 15~~ **~~10~~** ~~days in advance. Vacation should be arranged as far in advance as possible so as not to disrupt the continuity of the educational process.~~
~~Any accumulated vacation will be lost at the termination of employment unless other specific arrangements are agreed upon in writing~~ **~~unless a formal request is submitted to the Superintendent for possible approval.~~** ~~Upon retirement from the district, a staff member will be compensated up to 45 days of accrued vacation.~~
~~*Holidays*~~
~~New Year's Day (January 1st)~~
~~Martin Luther King Day~~
~~Independence Day (July 4th)~~
~~Labor Day~~
~~General Election Day (even-numbered years) (first Tuesday in November)~~
~~Thanksgiving Day (fourth Thursday in November)~~
~~Christmas (two days – December 24th and 25th)~~
~~Administrative staff and district-office staff who are 12-month employees will observe the school calendar holidays.~~

VACATION LEAVE FOR 240-DAY PROFESSIONAL STAFF *Code* **GCD-R**

I. PURPOSE

To establish consistent procedures for awarding and administering vacation leave for 240-day professional staff members in accordance with Board Policy GCD, *Professional Staff Vacations and Holidays*.

II. ELIGIBILITY

A. 240-day professional staff members who worked at least one hundred ninety-two (192) days, or eighty percent (80%) of their contracted days, during the preceding school year shall be eligible to receive vacation leave for the upcoming contract year.

B. Staff members who worked fewer than one hundred ninety-two (192) days in the preceding school year shall not be eligible for vacation leave.

III. ENTITLEMENT

A. A maximum of ten (10) vacation days will be awarded to employees who worked the full 240-day term in the previous school year.

B. Vacation leave shall be awarded annually at the beginning of each contract year and prorated based on the number of days worked in the previous school year, as shown in Section IV.

IV. PRORATED VACATION SCALE

Days Worked in Previous Year	Vacation Days Awarded
240-234	10 Days
233-227	9 Days
226-220	8 Days
219-213	7 Days
212-206	6 Days
205-199	5 Days
198-192	4 Days
Below 192	0 Days

V. USE OF VACATION LEAVE

A. Vacation leave must be scheduled in advance and approved by the employee's immediate supervisor.
B. Approval of vacation leave is subject to district operational needs and may be adjusted or denied to ensure continuity of services.

SUPPORT STAFFF VACATIONS AND HOLIDAYS *Code* **GDD-R**

I. PURPOSE

To establish consistent procedures for awarding and administering vacation leave for 240-day professional staff members in accordance with Board Policy GDD, *Support Staff Vacations and Holidays*.

II. ELIGIBILITY

A. 240-day support staff members who worked at least one hundred ninety-two (192) days, or eighty percent (80%) of their contracted days, during the preceding school year shall be eligible to receive vacation leave for the upcoming contract year.

B. Staff members who worked fewer than one hundred ninety-two (192) days in the preceding school year shall not be eligible for vacation leave.

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