



Colleton County School District

Annually, each school district employee shall indicate in writing that he or she is physically and mentally able to perform the duties of the position for which he or she is elected or appointed.

I hereby give such indication by my signature below and by the completion of other information requested:

Signature _____

Print Name Here _____

Last Four Digits of SSN _____

School/Department _____

Position _____

Date _____

213 North Jefferies Boulevard
Walterboro, SC 29488