



**Darlington County School District**

**Additional Contribution Form**

**(For Sick Leave Bank Members Only)**

**(Must be submitted during the annual enrollment period of August 1<sup>st</sup> through September 15<sup>th</sup> and will become effective October 1<sup>st</sup>)**

Employee Name (Print): \_\_\_\_\_ ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ I would like to contribute additional days beyond the membership requirement into the Darlington County School District Sick Leave Bank

Number of days to transfer from my accrued leave into the Sick Leave Bank \_\_\_\_\_ days

NOTE: Your remaining accrued sick leave balance must be at least 15 days.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No electronic signatures)

**COMPLETED FORMS – SUBMIT TO:**

***DCSD Benefits Office, fax (843)398-5006 or by email: christina.sandifer@darlington.k12.sc.us***