



Darlington County School District

Sick Leave Bank Member Cancellation Form

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

Employee Name (Print): _____ ID #: _____

Job Title: _____ Location: _____

_____ Please cancel my membership in the Darlington County School District Sick Leave Bank

NOTE: No refund of days will be granted due to cancellation

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