Darlington County School District

Additional Contribution Form

(For Sick Leave Bank Members Only)

(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: _____

_____ 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