Darlington County School District

Sick Leave Bank Member Application

Full time employees that accrue leave may join the sick leave bank within 30 days of their hire date or during the annual enrollment (August 1st through September 15th). Membership becomes effective October 1st.

Employee Name (Print): _____ ID #:_____

Job Title: _____ Location: _____

_____ Yes, I would like to join the Darlington County School District Sick Leave Bank.

_____ I would like to add additional leave days above the one day requirement for membership to the Sick Leave Bank: _____# of days

I understand the following:

- As a member, I authorize Darlington County School District to transfer one day of my available leave to the district sick leave bank each year.
- I understand that a catastrophic event involves "a debilitating medical condition(s), severely complicated disability, severe accident, family member emergency, or other hardship situations documented by an appropriate licensed medical physician" (see full definition in board policy GCC/GDC).
- I understand that once donated, the sick leave days are non-refundable.
- Once I become a member, I am allowed to contribute additional days to the bank as long as I keep a minimum balance of 15 medical days.
- I can cancel membership during annual enrollment (August 1st through September 15th) and will no longer be eligible to use leave from the sick leave bank or contribute days to the bank unless I decide to re-join during the next annual enrollment period.
- In order to be eligible to withdraw days from the bank, I will follow the required steps to make a request if my absence is "catastrophic".
- The maximum number of days available per school year that can be drawn from the leave bank is 30 days (contingent upon request and approval).
- If additional days are needed due to a low bank balance, members may receive a request to contribute an additional day.
- If my leave balance is over the maximum allowed at the end of the school year, the extra days will go into the bank. One of those days will count toward membership enrollment for the next school year.

Employee Signature: _____Date:_____

(No electronic signature)

COMPLETED FORMS – SUBMIT TO:
DCSD Benefits Office, fax (843)398-5006