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