
Name of Employee

Employee ID

Position

School

Date of Hire

I would like to:

- ENROLL** in the Sick Leave Bank
- WAIVE or DROP** Sick Leave Bank enrollment

As a member of the Sick Leave Bank, I hereby authorize the Payroll Department of the Horry County Schools to transfer one day of my sick leave (or a maximum of 4, if applicable)* to the Horry County Schools Sick Leave Bank. I understand that one additional day of my sick leave will be transferred each year hereafter, or at such time the Bank needs to replenish the supply of available days. I also understand that, once donated, the sick leave is non-refundable.

I understand that, as a contributing member to the Sick Leave Bank, I will be eligible to apply for leave from the Bank as prescribed by the rules and procedures governing the Bank. I also understand that if I do not have sick leave time available to contribute, my pay could be docked.

I further understand that I may cancel my membership during any open/annual enrollment period upon my written notification, and that no days contributed by me while in active membership will be returned to me.

Signature of Employee

Date

*If you are **NOT** a new employee and have joined the Sick Leave Bank for the first time this year, you are required to contribute a number of days (maximum of 4 days) equal to those you would have contributed had you been a member since your initial enrollment opportunity at hiring or at the initial open enrollment period. You will be subject to a one-year waiting period before becoming eligible to submit an application for use of bank days