



Horry County Schools

**SICK LEAVE BANK MEMBERSHIP  
ENROLLMENT/DROP FORM  
For Active Employees**

\_\_\_\_\_  
**Name of Employee**

\_\_\_\_\_  
**Employee ID**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Date of Hire**

I would like to:

**ENROLL** in the Sick Leave Bank

**DROP** my Sick Leave Bank coverage

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 at the beginning of each fiscal year hereafter, or at such time that the Bank needs to replenish its 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 Bank, I will be eligible to apply for leave from the Sick Leave Bank as prescribed by the rules and procedures governing the Bank.

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.