



ORANGEBURG COUNTY
WORKING HARD FOR YOU

Human Resources Department

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SICK LEAVE BANK EMPLOYEE REQUEST FORM

To: Human Resources Department

From: _____

Employee ID#: _____

Date: _____

Subject: Sick Leave Bank Employee Request Form

I request _____ days from the Sick Leave Bank to become effective on the date of _____, the date on which my personal and sick leave days were exhausted, for the following reason/s:

Attached is a medical statement from my doctor giving the reason/s for my disability and the date I can return to work.

Name _____

Address _____

Home # _____

Cell # _____

Signature

Date

Note: All portions must be completed and documentation attached to be considered for review. All HIPPA guidelines will be followed regarding your health information.