



ORANGEBURG COUNTY
WORKING HARD FOR YOU

Human Resources Department

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**Sick Leave Bank
Membership Enrollment Application**

Name: _____

Last 4 digits SS#: _____ Number of Sick Leave Hours Donated: _____
(Must donate a minimum of 2 days)

I hereby apply for membership in The County of Orangeburg Sick Leave Bank. I agree to abide by all the rules and regulations as stated in the Sick Leave Bank Policy. With this application, I agree to have two (2) days of sick leave taken from my sick leave total and deposited into the Sick Leave Bank. I acknowledge that these hours are non-refundable, and that the sick leave committee is responsible for approving/disapproving requests for leave from the Sick Leave Bank.

Signature

Date

I hereby request to discontinue membership in the Sick Leave Bank effective the next full pay period from the date of signature below.

Signature

Date

NOTE: The Human Resources Department will send you a decision letter after receipt of the completed application to confirm or deny your membership.

Your application can be sent through inter-county mail, via email to sgrubbs@orangeburgcounty.org or you can mail your application to:

The County of Orangeburg
Attn: Human Resources
1437 Amelia St., Suite 200
Orangeburg, SC 29116