



ORANGEBURG COUNTY
WORKING HARD FOR YOU

Human Resources Department

COUNTY ADMINISTRATOR
Harold Young

COUNCIL MEMBERS
Johnnie Wright Sr., CHM
Janie Cooper-Smith, VICE CHM
Deloris Frazier
Joseph Garvin
Kenneth M. McCaster
Johnny Ravenell

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.