



**ORANGEBURG COUNTY**  
WORKING HARD FOR YOU

Human Resources Department

**COUNTY ADMINISTRATOR**  
Harold Young

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

**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 [swilliamson@orangeburgcounty.org](mailto:swilliamson@orangeburgcounty.org) or you can mail your application to:

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