

**Robert Medley**  
Superintendent

**Taci Weil**  
Student Services Director



**Paula Toney**  
Executive Assistant  
Financial Specialist

**Kelsi Swingle**  
Human Resources

Phone: 541-573-6811  
Fax: 541-573-7557  
190 Hines Blvd.  
Burns, Oregon 97720

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### **Sick Leave Bank**

I wish to donate sick time hours. Please deduct \_\_\_\_\_ hours from my sick leave balance.

I have read Article 12 - Leaves, pages 26-27, of the Oregon School Employees Association Chapter No. 75, and agree to the conditions stipulated.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date