



A Member's Union
OSEA
 AFT Local 6732

Medford Chapter 15
Sick Leave Bank - Donation Form

As per our current contract, Article 7.08h Sick Leave, you have the wonderful opportunity to donate up to 2 sick days and/or 2 personal or vacation days (4 days combined total) per year to other classified members in our chapter who have exhausted all of their own leave time due to serious health conditions of their own or immediate family living in their home.

OSEA members agreeing to donate sick/personal/vacation leave will have the hours deducted from their current accumulated leave balances. All of the donated hours are then added to the sick leave bank.

Members who fall under the sick leave bank guidelines created by the Labor Management Team may then apply in writing for needed sick leave hours. Should you have any questions, please contact your Worksite Organizer or current Chapter Vice President/President.

Name _____ Building: _____
 (PRINT NAME)

Number of Sick leave days to donate.....(up to 2 days): _____

Number of Personal leave days to donate.....(up to 2 days): _____

Number of Vacation leave days to donate.(up to 2 days): _____

Total 4 days Max: _____

Signature: _____ Date: _____

Please note: If we reach our maximum 100 days of bank time before receiving your donation, we will hold your slip until the fund is depleted and more time is needed. You will be contacted by HR, should this situation occur.

By signing this document, you have given HR permission to deduct your leave balances by the amount of days listed above. Please keep a copy of this form for your records. This is your only notification of your donation. Check your leave balances in UKG periodically to see when your donation has been deducted.

Please return this form to:

Sarah.reames@medford.k12.or.us

or send by Courier to Jackson
ATTN: Sarah Reames