
RE: Medical File Destruction Authorization request

From YELLESETTY Leela * DEQ <Leela.YELLESETTY@deq.oregon.gov>

Date Tue 3/8/2022 3:01 PM

To BOLING Brian * DEQ <Brian.BOLING@deq.oregon.gov>; WILBANKS Willa * DEQ <Willa.WILBANKS@deq.oregon.gov>; RecordsRequest * DEQ <recordsrequest@deq.oregon.gov>

Thanks Willa, this is approved!

Just for future reference, the last column for Dates is actually the date when the retention period started (so for this one would be 2018 since that was the separation date). No need to resubmit the form, we will just update it for our records.

From: BOLING Brian * DEQ <Brian.BOLING@deq.oregon.gov>

Sent: Friday, March 4, 2022 1:11 PM

To: WILBANKS Willa * DEQ <Willa.WILBANKS@deq.oregon.gov>; RecordsRequest * DEQ <recordsrequest@deq.oregon.gov>

Subject: RE: Medical File Destruction Authorization request

This is approved

Brian Boling

Oregon DEQ Central Services

Central Services Division Administrator

brian.boling@deq.oregon.gov

Office: 503-229-5045

Cell: 503-593-6747

Pronouns: He/Him/His | [Why share pronouns?](#)

Monique Oliver

Central Services Division Administrator Assistant

503-229-6803

Oliver.Monique@deg.state.or.us

We are in the process of modernizing and upgrading the way we accept, share and process information at DEQ with *Your DEQ Online*: a new centralized hub for communities, businesses and individuals. [Learn more.](#)

From: WILBANKS Willa * DEQ <Willa.WILBANKS@deq.oregon.gov>

Sent: Friday, March 4, 2022 12:53 PM

To: BOLING Brian * DEQ <Brian.BOLING@deq.oregon.gov>; RecordsRequest * DEQ <recordsrequest@deq.oregon.gov>

Subject: Medical File Destruction Authorization request

Please see the attached request to destroy 53 medical files from employees who separated in 2018.

Willa Wilbanks (she/her)

Human Resource Analyst

DEQ Central Services Division

700 NE Multnomah St Ste 600

Portland OR 97232-4100

(p) 503-229-6441

(f) 503-229-5787

DEQ Records Destruction Authorization Form

Before destroying records, email this form to your manager & RecordsRequest@deq.state.or.us to obtain authorization.

Authorization is by email only, no signatures required.

[Records destruction procedure](#) [DEQ Retention Schedule](#) [State General Retention Schedule](#)

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[Records destruction procedure](#) [DEQ Retention Schedule](#) [State General Retention Schedule](#)

Program/section name: Human Resources **Date approved by records officer:** _____

Program/section name: Human Resources **Date approved by records officer:** _____

Program/section name: Human Resources **Date approved by records officer:** _____

Program staff requesting destruction: Willa Wilbanks **Date destroyed:** _____

Program staff requesting destruction: Willa Wilbanks **Date destroyed:** _____

Program staff requesting destruction: Willa Wilbanks **Date destroyed:** _____

Approving Manager: _____

[illegible]



