

YSU APAS
Emergency Sick Leave Bank (ESLB)

~ **Application for APAS ESLB Membership/Renewal** ~

TO: Chief Human Resources Officer

Please enroll me as a member of the YSU APAS Emergency Sick Leave Bank.

I have read Article 7.11 of the YSU/YSU-APAS *Agreement*. I agree to voluntarily donate _____ hours* of my accumulated and unused sick leave to the ESLB for this academic year. I understand that the donated hours are not returnable. Further, I understand and agree that my decision cannot be rescinded or withdrawn.

I specifically acknowledge and agree that decisions of the ESLB shall be at the sole discretion of the ESLB Committee and such decisions shall be final, binding, and not subject to the grievance procedure of the YSU/YSU APAS *Agreement*. I further acknowledge that granting of hours from the ESLB is not a benefit or entitlement of my employment to which I have any lawful right or enforceable interest. In consideration of the ESLB Committee accepting this application for review, I hereby release and agree to indemnify and hold harmless Youngstown State University, the YSU-APAS, and the ESLB Committee from any damages, loss, or lawsuits with respect to any decision made concerning this application.

*Full time employees: 8 hours

*Part time employees: the number of hours equivalent to one work day.

Employee Name (*please print*): _____

Employee ID Number _____

Job Title _____

Department: _____

Supervisor: _____

Signature: _____ Date: _____

DEADLINE FOR SUBMISSION: AUGUST 1, 2017

(Or, within one month after becoming eligible for ESLB membership)

HUMAN RESOURCES' USE:

_____*APAS ESLB Master List record noted.*

_____*Acknowledgement letter to employee*

INITIALS: _____ *Date:* _____