

**YSU APAS**

**Emergency Sick Leave Bank (ESLB)**

**~ Application for Use of APAS ESLB Hours ~**

**TO: Chief Human Resources Officer**

I wish to apply for \_\_\_\_\_ hours from the YSU APAS Emergency Sick Leave Bank to be used for my illness/injury or because of an illness/injury in my immediate family as follows:

Estimated duration of leave: \_\_\_\_\_

Explanation of illness/injury:

NAME (printed): \_\_\_\_\_

Banner ID Number: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Attached is the physician's statement regarding said illness/injury.*

**TO: Chief Human Resources Officer or Designee**

The above ESLB member has been approved by the ESLB Committee to use \_\_\_\_\_ hours from the YSU APAS ESLB.

Signed (Chair, ESLB Committee): \_\_\_\_\_

Date: \_\_\_\_\_

c: Applicant