

YSU ACE
Emergency Sick Leave Reserve (ESLR)

~ Application for Membership/Renewal ~

TO: Chief Human Resources Officer

NOTE: APPLICANT IS TO CHECK ONE (1) OF THE FOLLOWING:

New Member: _____ Please enroll me as a member of the YSU ACE ESLR
(Donate 16-40 hours)

Current Member: _____ I am currently a member of the YSU ACE ESLR.
To continue my membership, I agree to donate additional hours.
(donate 8-40 hours)

I have read Article 15.19 of the YSU ACE *Agreement* and the rules and regulations. I agree to voluntarily donate _____ hours of my accumulated and unused sick leave to the ESLR 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 Further, I understand and agree that my decision cannot be rescinded or withdrawn.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 ESLR shall be at the sole discretion of the ESLR Committee and such decisions shall be final, binding, and not subject to the grievance procedure of the YSU/YSU ACE *Agreement*. I further acknowledge that granting of hours from the ESLR is not a benefit or entitlement of my employment to which I have any lawful right or enforceable interest. In consideration of the ESLR Committee accepting this application for review, I hereby release and agree to indemnify and hold harmless Youngstown State University, the YSU ACE, and the ESLR Committee from any damages, loss, or lawsuits with respect to any decision made concerning this application.

Employee Name (*please print*): _____

Job Title _____

Department: _____

Signature: _____ Date: _____

DEADLINE FOR SUBMISSION: SEPTEMBER 30, 2009

(Or, within one month after becoming eligible for ESLR membership)
Completed form should be directed to Linda Moore, Human Resources.

HUMAN RESOURCES' USE:

_____ P/A Master List (date file) record noted.
_____ Sick Leave Record Sheet Noted

_____ Acknowledgement letter to employee
INITIALS: _____ Date: _____