

YSU
PROFESSIONAL ADMINISTRATIVE ~ CLASSIFIED CIVIL SERVICE
EXCLUDED
EMERGENCY SICK LEAVE BANK
(EESLB)

Membership Enrollment and/or Renewal

TO: Chief Human Resources Officer

Please enroll/renew me as a member of the YSU Professional Administrative/Classified Civil Service *Excluded Emergency Sick Leave Bank* (EESLB).

I have read the rules and regulations. I agree to voluntarily donate _____ hours [eight (8) to forty (40)] of my accumulated and unused sick leave to the EESLB for this year. I understand that the donated time is not returnable. Further, I understand and agree that my decision cannot be rescinded or withdrawn.

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

Name (type or print): _____ Date: _____

Department: _____

Signature: _____

DEADLINE FOR SUBMISSION TO HUMAN RESOURCES:
January 31, 2009
or within one month after becoming eligible for EESLB membership.

FOR HUMAN RESOURCES' USE:

- EESLB Data File noted*
- Sick Leave Record adjusted in Banner*
- Acknowledgment letter sent*

Initials: _____ *Date:* _____