

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

Application for Use of EESLB Days

To: Chief Human Resources Officer

I wish to apply for _____ hour(s) from the YSU Professional/Classified Civil Service Excluded 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 illness/injury: _____

Explanation of illness/injury:

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

Name: _____ Date: _____
(Please print/type)

Signature: _____

To: Chief Human Resources Officer

The above EESLB member has been approved by the EESLB Committee to use _____ hours from the YSU Excluded Professional Administrative/Classified Civil Service Emergency Sick Leave Bank.

Signed: _____ Date: _____
(Chair, EESLB Committee)

c: Applicant, EESLB Committee, File