

YSU ACE
Emergency Sick Leave Reserve (ESLR)

~ **Application for Use of ESLR Hours** ~

To: Chief Human Resources Officer

I wish to apply for _____ hours from the YSU-ACE Emergency Sick Leave Reserve, to be used for my illness/injury or because of an illness/injury in my immediate family, as follows:

Estimated duration of illness/injury: _____

Please attach the physician's statement regarding said illness/injury.

Name: _____

Department: _____

Supervisor: _____

Signature: _____ Date: _____

To: Chief Human Resources Officer

The above ESLR member has been approved by the ESLR Committee to use _____ hours from the YSU-ACE ESLR.

Signed (Chair, ESLR Committee): _____

Date: _____

c: Applicant
Applicant's Supervisor
ESLR Committee Chair
ESLR File-HR (Original document)
YSU-ACE President