

YSU/YSU-OEA
EMERGENCY SICK LEAVE RESERVE
Application for Use of ESLR Days

TO: Chief Human Resources Officer

I wish to apply for _____ day(s) from the YSU-YSU/OEA 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: _____

Explanation of illness/injury:

NAME: _____ DATE: _____

Signature: _____

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

TO: Chief Human Resources Officer

The above ESLR member has been approved by the ESLR Committee to use _____ day(s) from the YSU-YSU/OEA ESLR.

Signed (Chair, ESLR Committee): _____

Date: _____

c: Applicant, ESLR Committee, Chief Human Resources Officer, YSU-OEA President