

YSU/YSU-OEA
EMERGENCY SICK LEAVE RESERVE

Membership Enrollment Form

TO: Chief Human Resources Officer

Please enroll me as a member of the YSU/YSU-OEA Emergency Sick Leave Reserve (ESLR). I understand that the ESLR Committee ***requires all new and current members*** donate a minimum of one (1) day of sick leave to be considered an ESLR member effective academic year 2009-2010.

I have read Article 7.2(1)b of the YSU/YSU-OEA *Agreement* and the rules and regulations. I agree to voluntarily donate one (1) day of my accumulated and unused sick leave to the ESLR for this academic year. I understand that the donated day 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 Further, I understand and agree that my decision cannot be rescinded or withdrawn.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 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-OEA *Agreement*. I further acknowledge that granting of days 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-OEA, and the ESLR Committee from any damages, loss, or lawsuits with respect to any decision made concerning this application.

Name (print): _____ Date: _____

Signature: _____

Department and Rank: _____

<p>DEADLINE FOR SUBMISSION: OCTOBER 30, 2009 (or within one month after becoming eligible for ESLR membership).</p>
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FOR HUMAN RESOURCES' USE:

- DATABASE noted: ESLR entered into appropriate column.*
- BANNER noted: 8 hours deducted (for membership) from sick leave balance in PEALEAV.*

Initials: _____ Date: _____