

Paid Absence Bank Application Form 2017-18

Name: _____ Employee ID _____ Date _____
 Work Location: _____ Social Security # _____
 Home Mailing Address: _____
 City, State & Zip Code: _____
Phones: Preferred _____ Work: _____ ext. _____
Non – district email address: _____

Briefly describe your medical condition or injury:

Before proceeding, consider the following items:

- 1. NO APPLICATION CAN BE PROCESSED WITHOUT PHYSICIAN'S STATEMENT.**
- 2. We cannot accept FMLA paperwork or other District documentation.**
3. Each item below must be answered before the application can be approved.
4. All forms must be signed by the applicant.

Background Questions:	Yes	No
Have you applied for Catastrophic Illness Leave (Section 41.14)? ¹		
Have you applied for Hardship/Unforeseen Allowance (Section 41.12)? ¹		
Is your absence due to being assaulted while at school?		
Are you currently eligible for or are you receiving Worker's Compensation pay? ²		
Are you currently receiving or eligible for any other disability benefits? ²		

¹ If yes, has your application been denied? Yes No

² If you answered "yes", provide documentation of your Worker's Compensation or benefits eligibility.

1. In order to qualify for Paid Absence Bank, you must be absent for **10 consecutive days** or more for this condition or injury. On what date will/did your absence begin? _____
2. On what date will/did you exhaust all of your illness days? _____
3. What is your anticipated date of return? _____

Applicant's Statement: I have read the RTA Paid Absence Bank Guidelines and application. I understand that I cannot file a grievance on action taken by the RTA on this application. I have attached the physician's statement.

 (Applicant's Signature)

*** For RTA Use Only ***	
Place Rec'd Stamp Here	Days Available _____ Days Used _____ Days Left _____ Exhausts On _____ <hr/> Date of Response: _____ Action Taken: _____ PAB Days: _____

Authorized By: _____