

## Paid Absence Bank Application Form 2019-20

Name: \_\_\_\_\_ Employee ID \_\_\_\_\_ Date \_\_\_\_\_  
 Work Address: \_\_\_\_\_ School/Program \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 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)? <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for Hardship/Unforeseen Allowance (Section 41.12)? <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for Catastrophic Illness Leave (Section 41.14)? <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Is your absence due to being assaulted while at school?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently eligible for or are you receiving Worker's Compensation pay? <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving or eligible for any other disability benefits? <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> If yes, has your application been denied? Yes  No

<sup>2</sup> 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)

Return completed form to <mkeating@rochesterteachers.com> or by FAX (546-4123) **Send as a PDF ONLY**  
**PLEASE NO JPEGs If sent by email.**

### \*\*\* For RTA Use Only \*\*\*

Place Rec'd Stamp Here	Days: Available _____ Exhausts On _____ Date of Response: _____ Action Taken: _____ PAB Days: _____ Authorized By: _____
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