



Paid Absence Bank Application Form 2021-22

Name _____ Employee ID _____ Date _____

School/Program Name _____ School/Program Address _____

Home Address _____ City & Zip Code _____

Non-district email address _____ Preferred Personal Phone _____

Briefly describe your medical condition or injury _____

NO APPLICATION CAN BE PROCESSED WITHOUT PHYSICIAN'S STATEMENT

Required Information	Yes	No
Have you applied for catastrophic illness leave (Section 41.14)?		
Have you applied for Hardship/Unforeseen Allowance (Section 41.12)?		
Is your absence due to being assaulted while at work?		
Are you currently eligible for or receiving Workers Compensation Pay		
Are you currently receiving or eligible for any other disability payments?		

In order to qualify for Paid Absence Bank days, you must be absent for **10 consecutive days** or more for this condition/injury. On what date did/will your absence begin? _____

What is your anticipated date of return to work? _____

Applicant's statement: I have read the RTA Paid Absence Bank contractual section. I Understand that I cannot file a grievance on action taken by the RTA concerning this Application. **I have attached a doctor/physician's statement.**

Applicant's Signature

Return to maskerade6@aol.com or fax to 546-4123. PDF or attachments only; **no screenshots!**

For RTA Use Only		
Days: Available _____ as of _____	Exhausts on _____	RTW _____
Birth of Child Days _____	Personal Business Days _____	
Action Taken _____	PAB Dates _____	
Authorized by _____	On _____	To RCSD on _____