**Paid Absence Bank Application Form 2023-2024**

**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

**A DOCTOR’S STATEMENT MUST ACCOMPANY THIS FORM**

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](mailto:maskerade6@aol.com) or fax to 546-4123. PDF or attachments only; **no screenshots!**

**For RTA Use Only**

Days: as of Exhausts on RTW Birth of Child Days?  PBD ?  OTHER \_\_\_\_\_\_\_\_

Action Taken PAB Dates \_\_\_\_\_\_\_\_\_\_\_ By

Authorized by On To RCSD on