



Paid Absence Bank Application Form 2024-2025

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 or fax to 546-4123.

FOR RTA USE ONLY			
Days available		As of	
RTW DATE		Baby Days?	
PBD?		Other	
Action			
PAB Dates			
Signed		on	
to RCSD			