



Paid Absence Bank Application Form 2025-2026

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 included a legible doctor/physician's statement.**

Email subject heading: PAB Return only to maskerade6@aol.com or fax to 546-4123 attn: Keating

Applicant's Signature

FOR RTA USE ONLY

Days available		As of
RTW DATE		Baby Days?
PBD?		Exhausts on:
Action		
PAB Dates		
Signed		on
to RCSD		on