Paid Absence Bank Application Form 2026-2027

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? _____

Action: _____

PAB Dates: _____

Signed: _____ on _____

to RCSD: _____ on _____