Employee Report of Assault*

(Compliant with Section 25 of the RTA Collective Bargaining Agreement, Protection of Teachers)

☐ ASAR  ☐ BENTE  ☐ RAP  ☐ RTA

Employee Section
(Please type or print legibly)

To: ____________________________ Date ________ School ________

(Principal)

From: __________________________________________

WORKERS COMPENSATION REPORTS MUST BE COMPLETED FOR ALL WORK RELATED INJURIES. A FULLY COMPLETED WC FORM COPY MUST BE ATTACHED TO THIS REPORT. (THE ORIGINAL SHOULD BE SENT TO EMPLOYEE BENEFITS.) THIS REPORT MUST BE FILED WITHIN 3 BUSINESS DAYS OF THE INCIDENT UNLESS EMPLOYEE IS MEDICALLY UNABLE TO COMPLETE.

Incident: Date __________ at __________ with __________________________

(Time) (Student’s Name)

__________________________ __________________________
Employee’s signature Union Representative/s Signature

Principal Section
To: Superintendent of Schools/His/Her Designee

From: ____________________________ Date __________

(Principal)

Check applicable action: ☐ Long-Term Suspension Referral (copy required)

☐ In School Suspension/Alternative to Suspension (copy required)

☐ Other, please explain ________________________________

__________________________
(Principal’s Signature)

Enc. Copy Workers Compensation Form

cc: Union Office

*A separate Application for Assault Pay must be completed if loss of time occurs.

(Rev. 2/2012)
Application for Assault Pay (AAP)

To Be Completed By Employee
(Please type or print legibly)

Date Submitted: ____________________________

To: Meghan Abate, Director of Labor Relations
   District Designated Representative

From: ___________________________________
      Bargaining Unit Member

Location/School: __________________________ Date of Assault: ______________

First date of lost time due to assault ______________

Expected date of return to work ______________

Date Employee Report of Assault and Workers Compensation forms were filed with
Principal/Immediate Supervisor ____________________________

__________________________ ______________________
Employee’s Signature Date

__________________________ ______________________
Union Representative’s Signature Date

Required Attachments: ☐ Related Medical Documentation
☐ Medical Release

cc: Union Office

(Rev. 2/2012)