

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