

**KANSAS CITY AREA TRANSPORTATION AUTHORITY  
APPLICATION FOR SICK LEAVE PAY**

**EMPLOYEE'S STATEMENT (Please print or type)**

Name \_\_\_\_\_ Badge No. \_\_\_\_\_ Payroll No. \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_

Illness Began (Date) \_\_\_\_\_ Last Day Worked \_\_\_\_\_ Date Returned \_\_\_\_\_

Nature of Illness (Describe) \_\_\_\_\_

Attending Physician: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Were you hospitalized? Yes/No \_\_\_\_\_ Hospital \_\_\_\_\_ Date Admitted \_\_\_\_\_

Outpatient? Yes/No \_\_\_\_\_

I authorize my physician to verify me treatment by permitting representatives of the KCATA to discuss my treatment with my physician and obtain appropriate verification, including copies of my medical record.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**PHYSICIAN'S STATEMENT (Please print or type)**

Name of Patient \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Examination(s) \_\_\_\_\_

Dates of Treatment \_\_\_\_\_

Prescribed Medication(s) \_\_\_\_\_

Current Medical/Functional Limitations \_\_\_\_\_

Date Able to Return to Work \_\_\_\_\_ Anticipated Return-to-Work Date \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**EMPLOYER'S STATEMENT (Employee: Do not fill out)**

Last Day Worked \_\_\_\_\_ First Day Off \_\_\_\_\_ Date Returned to Work \_\_\_\_\_

Month \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Sick Days \_\_\_\_\_ Waiting Days \_\_\_\_\_ Req. for PPE \_\_\_\_\_ Original Application \_\_\_\_\_

Sick Days \_\_\_\_\_ Waiting Days \_\_\_\_\_ Req. for PPE \_\_\_\_\_ Continuation \_\_\_\_\_

\_\_\_\_\_ Directly into Hospital

\_\_\_\_\_ Worker's Compensation

X - Employee's RDO and Paid Holidays

Underline - Days Waiting Period

Circle - Days for Which Sick Leave is Requested

Date Rec'd - \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Designee

\_\_\_\_\_  
Date

**FINANCE DEPARTMENT**

Check Sick Leave Record: Date \_\_\_\_\_ By \_\_\_\_\_

Number of Sick Leave Days Paid: \_\_\_\_\_  
Days \_\_\_\_\_ Hours \_\_\_\_\_ Incl. on Pay Period \_\_\_\_\_ By \_\_\_\_\_

Days \_\_\_\_\_ Hours \_\_\_\_\_ Incl. on Pay Period \_\_\_\_\_ By \_\_\_\_\_

Last Sick Day Used \_\_\_\_\_