

# PEO-HR-001 World Trade Center (WTC) Line of Duty Sick Leave Request Form



## Section 1 – Information and Instructions

The purpose of this form is to request World Trade Center (WTC) Line of Duty Sick Leave. MTA employees who participated in the WTC rescue, recovery or clean-up operations and subsequently develop a Qualifying WTC Health Condition, may, upon written request, receive WTC line of duty sick leave from the date the condition was medically diagnosed. For additional information, please see [MTA All Agency Policy Directive 11-076](#).

Your request for WTC Sick Leave must be accompanied with the following documentation:

- 1) Notice of Participation and acceptance letter verifying your participation in the WTC rescue, recovery or clean-up operations.
- 2) Medical evidence of a qualifying WTC condition and the date the condition commenced; for example, WTC Health Program Certification of Health Condition(s) or similar documents.
- 3) HIPPA Release granting MTA Occupational Health Services (OHS) or affiliate agency designee, where applicable, access to relevant medical records necessary to review your request.
- 4) List of absence dates for which you used sick leave due to a medically certified Qualifying WTC Health Condition(s). (See Section 4 below.)
- 5) Appropriate medical documentation that the requested prior and prospective absences were due to incapacity, medical treatment or medical testing related to the employee's Qualifying WTC Health Condition(s). For example, sick leave applications, FMLA applications, doctor's notes, records of urgent care visits, discharge paperwork, etc. For prior absences for which an employee is seeking retroactive restoration and does not have specific medical documentation available from the time of the absence, the employee may submit an attestation from their medical provider indicating the purpose of the absence was related to their Qualifying WTC Health Condition(s). Such attestation must list the date of absence and that the absence was specifically related to the employee's Qualifying WTC Health Condition(s).

**Submit the completed form and all supporting documentation to your Agency People/Human Resources designee.** MTAHQ/B&T – Patrick Smith, [psmith@mtabt.org](mailto:psmith@mtabt.org); NYCT/MTA BUS – Kim Moore-Ward Kim, [Moore-Ward@nyct.com](mailto:Moore-Ward@nyct.com); LIRR- Jenine Mehm, [jmehm@lirr.org](mailto:jmehm@lirr.org); MNR – Yvonne Hill-Donald, [Hill-Donald@mnr.org](mailto:Hill-Donald@mnr.org); MTACD – Shawn Moore, [Shawn.Moore@mtacd.org](mailto:Shawn.Moore@mtacd.org).

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123, 8:30 AM – 5:00 PM M-F or [bscservice@mtabsc.org](mailto:bscservice@mtabsc.org).

## Section 2 – Employee Information

Print Name	Last	First	M.I.	Suffix	BSC ID
Agency/Dept (check one)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> C&D	<input type="checkbox"/> HQ	<input type="checkbox"/> NYCT
	<input type="checkbox"/> SIR	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> MaBSTOA
Department	Work Location				Title
Phone (H)	Phone (W)				Email

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## Section 3 – Employer Information

Employer at the time of your participation in WTC rescue, recovery or clean-up operations. If the employer was not the MTA/Affiliated Agency, attach documentation of such employment. Documentation can consist of tax returns or W-2s, for example. If you have questions about documentation, please contact your Agency's People/Human Resources designee,

Employer Name

Employer Street Address

City

State

Zip

## Section 4 – Absence Information

Date medically diagnosed with Qualifying WTC Health Condition(s):

List sick leave dates below. Use additional sheets if necessary. Please attach any sick leave applications or other supporting documentation you have for these absences.

Have you filed a Workers Compensation Claim related to your participation in the WTC rescue, recovery or clean-up operations?

Yes ☐ No ☐

## Section 5 – Authorization

I hereby certify that I have not received a similar benefit for the dates above pursuant to a collective bargaining agreement.

Employee Signature

Date