



New York State Unified Court System

Application for World Trade Center Sick Leave

If you participated in the World Trade Center rescue, recovery or cleanup operations and have since developed a qualifying World Trade Center condition, as defined in section two of the Retirement and Social Security Law, you may be eligible for sick leave at full pay and without charge to accruals for absences due to this condition ("WTC-Sick Leave"). Eligible employees may be entitled to restoration of prior sick leave accruals used for this qualifying condition.

To determine your eligibility for WTC-Sick Leave, you and your health care provider must complete this form. Scan and email the completed form to WTC-SL@nycourts.gov along with a copy of the letter issued by the New York State and Local Retirement System confirming that your "World Trade Center Notice for Members and Retirees of the New York State Local and Retirement System" (form RS 6047-N) met the Retirement System's filing requirements.

Section I

EMPLOYEE INFORMATION

Name: _____ Employee ID: _____
Last First From Kronos

Title: _____ Court: _____

Work Phone: _____ Cell/Home Phone: _____

Email: _____
Where you can receive email

World Trade Center qualifying condition(s) for which sick leave is being requested:

EMPLOYEE CERTIFICATION & HEALTHCARE AUTHORIZATION

- I certify that the information furnished in this Application is true and correct.
- I hereby authorize my Healthcare Provider to release any information requested with respect to this Application.
- I acknowledge that I may be required to provide subsequent medical documentation to support my eligibility for WTC-Sick Leave.

Employee's Signature _____

Date _____

Section II Your Health Care Provider MUST complete this entire section

HEALTH CARE PROVIDER IDENTIFICATION

Name: _____
Last First MI

Office Address: _____
Street Address City State Zip

Office Phone: (_____) _____ Fax: (_____) _____

Type of practice/medical specialty _____

Section II continued

PATIENT HISTORY

- 1. Have you treated the patient for a World Trade Center qualifying condition (as defined in Section Two of the Retirement and Social Security Law, Paragraph 36)? Yes No
- 2. Based on your personal knowledge or review of the patient's medical records, was the patient diagnosed with the condition prior to prior to September 11, 2001? Yes No

Please identify the World Trade Center qualifying condition(s) and initial date of diagnoses:

Condition(s)	Initial Date of Diagnosis

PATIENT WORK STATUS

- 3. Is the patient currently absent due to the World Trade Center qualifying condition(s)? Yes No
Specify the World Trade Center qualifying condition(s)

Date of first absence: ____ / ____ / _____

Expected Date of Return to work: ____ / ____ / _____

- 4. Has the patient previously missed work because of the World Trade Center qualifying condition(s)? Yes No
If Yes, identify the World Trade Center qualifying condition(s) and date(s) of absence:

- 5. Will the World Trade Center qualifying condition(s) cause periodic flare-ups and/or require periodic treatment necessitating the patient's absence from work? Yes No

If Yes, explain: _____

- 6. Based upon the patient's medical history and your knowledge of the World Trade Center qualifying condition(s), estimate the duration and frequency of flare-ups and/or treatments necessitating the patient's absence from work over the next six (6) months.
[Example: one (1) episode/treatment every three (3) months lasting one (1) – two (2) days.]

Frequency: _____ episode(s)/treatments(s) every _____ week(s) / month(s) (circle one)

Duration: _____ hours / days (circle one)

