



Application for PAT Study Leave of Absence

Due: 10/15/19

Name: _____

PPS ID#: _____

Home Phone: _____

Address: _____

To the Board of Directors and the Superintendent of Schools, School District No. 1, Portland, Multnomah County, Oregon, I hereby make application for a PAT study leave of absence:

For the 2019/2020 Second Semester of the school year. Leave of absence will be effective from January 28 to June 9, 2020.

My current assignment with the District: _____

School/Department: _____

School/department phone number: _____

My current FTE status: _____ if I were working during the time of my leave of absence.

Mailing address and phone number while on leave of absence:

I DO DO NOT INTEND TO RETURN TO MY PRESENT ASSIGNMENT WITH THE DISTRICT UPON RETURN FROM MY STUDY LEAVE.

Employee's signature

Date

Principal/Supervisor's signature

Date

Please send completed form and documentation to:

Portland Public Schools
Department of Human Resources
Attn. Ligena Hein, Director of Benefits
P.O. Box 3107
Portland, OR 97208-3107

Email: benefits@pps.net

FAX: 503-916-3107

Space below for use by the Human Resources only

Study Leave Approved for: _____

Department of Human Resources

Date