



Application for PFSP Student Teaching 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 PFSP Student Teaching leave of absence:

For the 2019/2020 Spring/Summer semester of the school year. Leave of absence will be effective from January – August, 2020.

My current assignment with the District: _____

School/Department: _____

School/department phone number: _____

Mailing address and phone number while on leave of absence:

Employee's signature

Date

Principal/Supervisor's signature

Date

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

Student Teaching Leave of Absence approved for:

Department of Human Resources

Date