



# Application for PAT Study Leave of Absence

**Due: 2/18/20**

Name: \_\_\_\_\_

PPS Employee ID #: \_\_\_\_\_

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 an unpaid PAT study leave of absence for the 2020/2021 school year. I intend to take:

A study leave of absence for the entire 2020/2021 school year.

A study leave of absence for the one semester of the 2020/2021 school year. I anticipate that my study leave will start on: \_\_\_\_\_ (date) and end on \_\_\_\_\_ (date).

My current assignment with the District is \_\_\_\_\_ at school/department: \_\_\_\_\_. School/department phone number: \_\_\_\_\_. My FTE status, if I were working during the time of my leave of absence, would be: (ex: .50, .80, 1.0) \_\_\_\_\_

During this leave, I understand that I am eligible for District-paid insurance, if already enrolled in the SD#1 Health & Welfare Trust. I will continue to be responsible for my portion of the health and welfare benefits while on leave.

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

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: [lhein@pps.net](mailto:lhein@pps.net)  
FAX: 503-916-3107

Space below for use by the Human Resources only
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Study Leave Approved for: \_\_\_\_\_

\_\_\_\_\_  
Department of Human Resources Date