



Application for PFSP Student Teaching Leave of Absence

Application due: 2/18/20

Name: _____

PPS ID#: _____

Home Phone: _____

Address: _____

To: 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 2020/2021 Fall/Winter semester of the school year. The Student Teaching leave may be effective between August 2020 to January 2021.

My current assignment with the District is _____ at school/department: _____. School/department phone number: _____. I anticipate that my student teaching leave will start on: _____ (date) and end on _____ (date).

During this leave, I understand that I am eligible for three (3) months of 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 coverage while on Student Teaching Leave. This portion, if applicable, may be paid by one of these options (choose one):

- Deduct my portion (3 months' worth) pre-tax from my final, active paycheck.
- Bill me separately for my portion of the premium.

If my leave continues past these 3 months, I will be offered health continuation coverage through COBRA. Reinstatement of active health coverage is based on my return to work date in to a regular position.

My 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: lhein@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