



Application for PAT Study Leave of Absence

Due: 10/12/20

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 Spring Study Leave of Absence for the 2020/2021 school year. The spring semester is February 2, 2021 to June 15, 2021.

I anticipate that my student teaching leave will start on: _____ (date) and end on _____ (date). I request a Full-time (1.0 FTE) or a Part-time (< 1.0 FTE) leave of absence. If part-time, specify the number of days per week that you intend to be on a Study Leave: _____.

My current assignment with the District is _____ at school/department: _____. School/department phone number: _____.

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
FAX: 503-916-3107

Space below for use by the Human Resources only

Study Leave Approved for: _____

Department of Human Resources Date