



Application for PFSP Student Teaching Leave of Absence Application due: 2/8/21

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 fall PFSP Student Teaching leave of absence for the 2021/2022 school year. The fall semester is effective August 2021 -January 2022.

Name:		
PPS Employee ID#:		
Phone #:		
Address:		
I anticipate that my student teaching leave will start on on (date). I request:	(date) and end	
A full-time (1.0 FTE) leave of absence; or		
A part-time (< 1.0 FTE) leave of absence. If part-time, specify week that you intend to be on a Student Teaching leave:		
My current assignment with the District is school/department: Sch number:		
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 a 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.

As this leave is an unpaid leave of absence, the District may pay out all monies due to you, including Earned Not Paid earnings, if applicable, that are set aside to provide pay over the summer months.

- If you will be unpaid for less than 60 calendar days, you must make a request in writing to leave@pps.net as soon as possible if you want to be paid out all monies due.
- If it is anticipated that you will be unpaid more than 60 calendar days, or be unpaid through the end of the current school year, the District may pay you out all monies due automatically.
- If you return to work before the end of the school year and have been paid out all earnings owed to you (which may have included 'Earned Not Paid' earnings) your new monthly contract pay amount may be significantly reduced based on the number of contract days remaining to be paid in your contract.

Date

My mailing address and phone number while on leave of absence:

Employee's signature	Date

Principal/Supervisor's signature

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: <u>lhein@pps.net</u> 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