



Application for PFSP Student Teaching Leave of Absence Application due: 10/12/20

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 spring semester of the school year. The Student Teaching leave would be effective between February 2, 2021 – June 11, 2021
My current assignment with the District isat school/department: School/department phone number:
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 Student Teaching leave:
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	
Francis, Ibain Quana not	

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