



Application for PAT Study Leave of Absence

Due: 10/11/21

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 PAT Study Leave of Absence. This leave will be for the spring semester of the 2021/2022 school year and is effective between January 2022 to June 2022.

Name: _____

PPS Employee ID #: _____

Phone #: _____

Address: _____

I anticipate that my study leave will start on _____ (date) and end on _____ (date).

I request:

- A full-time leave of absence. I do not intend to work at all during my leave; or
- A part-time leave of absence. I intend to work and take a concurrent leave of absence. 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. This portion, if applicable, may be paid by one of these options (choose one):

- Deduct my portion pre-tax from my final, active paycheck; or
- Bill me separately for my portion of the premium

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 your leave of absence is unpaid more than 60 calendar days, or will 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 were paid out all earnings owed to you, including 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.

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: studyleave@pps.net
 FAX: 503-916-3107

Space below for use by the Human Resources only

Study Leave Approved for: _____

Department of Human Resources Date