



PFSP Student Teaching Leave Application

Due: 10/13/2025

I hereby make application for an unpaid PFSP Student Teaching leave of absence for the spring semester of the 2025/2026 school year. The spring semester is effective from January 2026 – June 2026.

Name: _____

PPS Employee ID#: _____

Phone #: _____

Address: _____

I anticipate that my student teaching leave will start on _____ (date) and end

on _____ (date). I will be student teaching at this PPS school:

_____.

I request:

☐ A full-time leave of absence. I do not intend to work at all during my approved PFSP Student Teaching leave; or

☐ A part-time leave of absence. I intend to work and take a Student Teaching leave concurrently. Specify which days of the week you intend to be on leave:

_____.

My current assignment with the District is _____ at

school/department: _____.

School/department phone number: _____.

Note: A PFSP member must have a minimum of at least two (2) years of employment with the District prior to the request for a PFSP 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 premium while on a Student Teaching Leave. This portion of premium will be deducted pre-tax from my final, active paycheck. If the entire deduction

cannot be taken from the final paycheck, I understand that I will receive a bill from the District's HR department. Timely premium payments are required to maintain benefit coverage.

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 (ENP) 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 and you want to be paid out all monies due, you must make a request in writing to leave@pps.net as soon as possible.
- 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 ENP monies due automatically.
- If you return to work before the end of the school year and have been paid out ENP 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.

Return from leave:

At the conclusion of a District-approved leave, the employee shall be returned to the position they formerly occupied or one that is comparable in duties and responsibilities. The District may require that the expiration of such leave coincides with the natural breaks in the school calendar so that continuity of service is maintained.

Employee's signature _____ Date _____

Principal/Supervisor's signature _____ Date _____

Send completed form and documentation to:

Mail to:
Portland Public Schools
Department of Human Resources
Attn. Stacey Lukas, Benefits & Leaves Manager
P.O. Box 3107
Portland, OR 97208-3107

Or email to: studentteach@pps.net

Or FAX to: 503-916-3107