



## Portland Public Schools Employee Leave Request Form

Please submit this form to Human Resources for any absence of more than five (5) workdays. This form is due at least 30 days prior to the start of the scheduled leave, or if unexpected leave is requested as soon as practicable.

Employee Information	
Name	Employee ID#
Assignment/Job Title	Work Location
Home Address	Home Phone
City/State/Zip	Work Phone
Email address <i>(to be used for communication during leave)</i>	Date of Hire
Leave Information	
Absence start date:	Anticipated return date:
<p>Is this a:   <input type="checkbox"/> New request                      <input type="checkbox"/> Extension request</p> <p>I am requesting leave for: <input type="checkbox"/> full-time/all of my assignment OR <input type="checkbox"/> part-time/FTE or hours per day/week:</p> <p>I am planning to work intermittently during my leave of absence.   <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, indicate proposed schedule</p>	
Reasons for Leave	
<p><input type="checkbox"/> <b>Medical Leave for Yourself</b> – My own serious health condition: Completed <i>Certification of Health Care Provider for Employee’s Serious Health Condition</i> required. Please provide to Human Resources only.</p> <p><input type="checkbox"/> <b>To Care for a Family Member</b> – A serious health condition for which you are needed to provide care for an immediate family member: Relationship of family member to you _____. Completed <i>Certification of Health Care Provider for Family Member’s Serious Health Condition</i> required. Please provide to Human Resources only.</p> <p><input type="checkbox"/> <b>Pregnancy Leave</b> – Completed <i>Certification of Health Care Provider for Employee’s Serious Health Condition</i> required. Please provide to Human Resources only.</p> <p style="padding-left: 40px;">Due Date: _____</p> <p><input type="checkbox"/> <b>Parental Leave:</b></p> <p style="padding-left: 40px;">Date of Baby’s Birth: _____ Copy of birth certificate required.</p> <p style="padding-left: 40px;">Date of Adoption or Legal Guardianship: _____ Copy of the appropriate documentation required.</p> <p><input type="checkbox"/> <b>Child’s Illness or Injury:</b> (OFLA Sick Child Leave) that is not a serious health condition affecting your child during which you are needed to provide home care.</p> <p><input type="checkbox"/> <b>Military Leave:</b> Military Orders must be provided to Human Resources.</p> <p><input type="checkbox"/> <b>Association / Federation / Union (PAT/PSFP):</b> Verification of contractual arrangements required</p> <p><input type="checkbox"/> <b>Political (PAT/PSFP):</b> Completed Employee Leave Request form only.</p> <p><input type="checkbox"/> <b>Exchange or Other Teaching Leaves (PAT):</b> Documentation of contract with institution required</p> <p><input type="checkbox"/> <b>Career Development Leave (PAT):</b> Supporting documentation required.</p> <p><input type="checkbox"/> <b>Unpaid Childcare (All CBAs):</b> Date of birth of child _____.</p> <p><input type="checkbox"/> <b>Unpaid Full-Year Personal Leave (PAT):</b> Attach a written statement explaining your request for an unpaid leave. Note: contract educators may return unassigned.</p> <p><input type="checkbox"/> <b>Other/Special Leave:</b> Attach a written statement explaining your request for an unpaid leave of absence.</p>	

**Benefits Information**

Do you intend to file a claim for Long Term Disability (for leaves 90+ days only)     Yes     No

Contact Standard at [www.standard.com](http://www.standard.com) or (800) 378-4668 (ATU, DCU, PAT, PFSP) or (866) 756-8115 (SEIU and non-represented)

I acknowledge that I understand it is my responsibility to contact Human Resources (503) 916-3544 for information regarding continuation of my district provided health and welfare benefits. If your benefits cease, and you choose to continue them on a self-pay basis, you must call the Trust Office at 503-238-6961 or for non-represented employees or those covered by SEIU contact Benefits Help Solutions 800-556-3137 to avoid a lapse in your coverage. When I return from unpaid leave, it may be necessary to complete a new online health insurance enrollment to reinstate the District's contribution for my coverage. This is true whether or not I self-pay for benefits while on leave.

I acknowledge I have reviewed the above information on my health and welfare benefits.

**Signature and Return Acknowledgement**

I confirm all of the above information and understand that follow up documentation may be needed in order to determine eligibility. I understand that my leave is not approved until notified by Human Resources that it is so.

I acknowledge I have made my supervisor aware of this request.

I intend to return to Portland Public Schools at the end of my leave. If I am a licensed employee requesting unpaid leave, I must inform Human Resources in writing, no later than November 15<sup>th</sup> or March 15<sup>th</sup> of my intention to return at the beginning of the school term following the expiration of my leave.

Signature

Date

Email completed leave requests to [Leave@pps.net](mailto:Leave@pps.net), or fax to (503) 916-3107 or mail to Department of Human Resources, Portland Public Schools, PO Box 3107 Portland, OR 97208-3107 at least 30 days prior to the start of scheduled leave, or if unexpected leave is requested as soon as practicable.

**For Human Resources Only**

Leave Balances	As of:	Hours:	Number of Days
Sick Leave			
Reserve Sick:			
Emergency/Personal:			
Family Leave:			
Vacation			
<b>Total Paid Days</b>		÷	
Eligible paid leave from:		through:	
Eligible unpaid leave from:		through:	
FMLA Eligible dates:		through	
OFLA Eligible dates:		through	
If not FMLA/OFLA eligible provide reason:			

**HR Approval**

Signature

Date