



Portland Public Schools Employee Leave Request Form

Email completed leave request forms to Leave@pps.net, or fax to (503) 916-3107 or mail to Human Resources, Portland Public Schools, PO Box 3107 Portland, OR 97208-3107

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:
This is a : <input type="checkbox"/> New request <input type="checkbox"/> Extension request	
I am requesting leave for: <input type="checkbox"/> Full-time (all of my assignment/ FTE) OR <input type="checkbox"/> Part-time (part of my assignment/ FTE)	
If requesting part-time leave, indicate proposed schedule:	
Reason for Leave	
If you need a leave of absence for your own serious medical condition, an accommodation, to care for a family member's condition, or for a military leave, contact FMLASource at 833-515-0763 or at www.fmlasource.com.	
<input type="checkbox"/> Association / Federation / Union (PAT/PSFP): Verification of contractual arrangements required	
<input type="checkbox"/> Political (PAT/PSFP): Completed Employee Leave Request form only.	
<input type="checkbox"/> Exchange or Other Teaching Leaves (PAT): Documentation of contract with institution required	
<input type="checkbox"/> Career Development Leave (PAT): Supporting documentation required.	
<input type="checkbox"/> Unpaid Childcare (All CBAs): Date of birth of child _____.	
<input type="checkbox"/> Unpaid Full-Year Personal Leave (PAT): Attach a written statement explaining your request for an unpaid leave. Note: contract educators may return unassigned.	
<input type="checkbox"/> Other/Special Leave: Attach a written statement explaining your request for an unpaid leave of absence, or write in below.	

Benefits Information

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 15th or March 15th of my intention to return at the beginning of the school term following the expiration of my leave.

Signature

Date

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For Human Resources Only

Leave Balances	As of:	Hours:	Number of Days
Sick Leave			
Reserve Sick:			
Emergency/Personal:			
Family Leave:			
Vacation			
Total Paid Days		÷	
Eligible paid leave from:		through:	
Eligible unpaid leave from:		through:	
FMLA Eligible dates:		through	
OFLA Eligible dates:		through	
Dates of FMLA/OFLA/ ADA/ USERRA/ FFCRA Leave approved through FMLASource:			

Additional HR notes:

HR Approval

Signature

Date