PAT Study Leave Application

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 _____ semester(s) of the _____ school year and is effective between the following dates: _____.

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 part-time and to take a concurrent leave of absence. Specify which days of the week you intend to be on a Study Leave:

_____.

My current assignment with the District is _____ at

school/department: _____.

Check the box below that applies to your leave. Provide an explanation and include a copy of your program enrollment and any applicable details with this application.

☐ I am pursuing a degree:
_____

☐ I am pursuing a certificate:
_____

☐ I am adding endorsements:
_____

Note:

- You must be enrolled for a minimum of 12 quarter or semester hours each term for a full-time leave. This requirement will be pro-rated for part-time Study Leaves; and
- You must have a minimum of 3 (three) years with the District to be eligible for a Study Leave.

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 of premium will be deducted pre-tax from my final, active paycheck. If the deduction cannot be taken from the final paycheck, I understand that I will receive a bill from the District's HR department.

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.

Indicate your intention when you return to work:

☐ I wish to remain at my current assignment when I return from this Study leave.

☐ I do not intend to return to my present assignment and wish to be unassigned.

_____

Employee's signature Date

_____

Principal/Supervisor's signature Date

<u>Send completed form and documentation to:</u>

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