

Portland Public Schools Employee Leave Request Form

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Benefits Information

I acknowledge that I understand it is my responsibility to contact Human Resources (5035)49/16 or information regarding continuation of my district provided health and welfare benefits. If your benefits cease, and you choose to continue them on a selfay basis, you must call the Trust Office at-203-6961 or for nonrepresented employees or those covered by SEIU contact Benefits Help Solution-5560137 to avoid a lapse in your coverage/lhen I return from unpaid leave, it may be necessary tonpute a new online health insurance enrollment to reinstate the District's contribution for my coverage. This is true whether or not Ipsaylffor benefits while on leave.

I alknowledge I have reviewed the above information on m.5 (o)- (m)7.5 (p)54.((th)5.3 ()10.6 (a)2