

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 (5033)49116 rinformation regarding continuation of my district provided health and welfare benefits. If your benefits cease, and you choose to continue them on a set pay basis, you must call the Trust Office at-2038-6961 or for nonrepresented employees or those covered by SEIU contact Benefits Help Solution 55600137 to avoid a lapse in your coverage/hen I return from unpaid leave, it may be necessary tonce a new online health insurance enrollment to reinstate the District's contribution for my coverage. This is true whether or not Ipse)/for benefits while on leave.

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