

Non-Teaching Long-Term Substitute Assignment

for School Positions Other Than Classroom Teachers

(Please check appropriate box)

REQUEST for Substitute **OR** EXTENSION of Substitute Assignment

Office of the Chief Financial Officer • School and Financial Operations Team
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

MCPS Form 430-22

May 2018

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School Name _____

GENERAL INSTRUCTIONS: This form must be completed and approved by the Chief Financial Officer/Designee **prior to the start date for the request.** Prior to filling in this form, please read the Chief Financial Officer's memorandum, "Guidelines for Requesting and Approval of Substitutes for All Positions: Administrators, Teacher Level and Supporting Services," to review the guidelines for the non-teaching position substitute process.

REQUESTS—Send one copy of this form via e-mail to SFOT@mcpsmd.org or Pony to the School and Financial Operations Team, CESC, Room 170. Retain one copy for the school. Once signed approval has been received and a substitute has been identified, the school should forward to the appropriate authorizing office a copy of the approved request form with the appropriate substitute assignment form as indicated in Part III:
MCPS Form 445-17, Long-Term Substitute Assignment request form should be forwarded to Employee & Retiree Service Center (ERSC)
MCPS Form 460-2, Request for Temporary Employment should be forwarded to the School and Financial Operations Team fiscal assistant.

EXTENSIONS—To initiate an extension of an approved non-teaching long-term substitute assignment, resubmit a copy of the approved request form with Part IV completed and signed by the principal via e-mail to SFOT@mcpsmd.org or Pony to the School and Financial Operations Team, CESC, Room 170.

PART I: POSITION INFORMATION (To Be Completed By School)

Type of Position

School-Based Teacher Level (MCEA) School-Based Supporting Services (SEIU) School-Based MCBOA
(other than building services or food services)

Position Title _____ Position Grade _____

Full-Time Position, or Part-Time Position: If part-time, provide FTE _____ Biweekly hours/pay period _____

PART II: DETAILS OF EMPLOYEE ABSENCE OR VACANCY (To Be Completed By School)

Note: Other than extenuating circumstances, subs for positions are only approved for periods greater than 2 weeks

<input type="checkbox"/> Unfilled Position/Vacancy	<input type="checkbox"/> Long-Term Absence
Employee leaving position: Name _____ Employee ID _____ Reason for Vacancy _____ Date position was vacated ____/____/____ Is position currently advertised: <input type="checkbox"/> No <input type="checkbox"/> Yes (Closing date ____/____/____) Expected Fill Date ____/____/____	Employee absent from position: Name _____ Employee ID _____ Reason for Absence (select one): <input type="checkbox"/> LEAVE Type of leave _____ Start Date: ____/____/____ End Date: ____/____/____ Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____ <input type="checkbox"/> BACK-FILL for employee in higher level assignment (HLA) HLA Position: _____ HLA Start Date: ____/____/____ HLA End Date: ____/____/____

Please provide a rationale for this long-term substitute request: _____

Signature, Principal _____ Date ____/____/____
I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

PART III: AUTHORIZED USE ONLY

APPROVED DENIED

Start Date ____/____/____ End Date ____/____/____ for student instructional days only.

Type of Substitute Approved:
 Substitute Teacher @ substitute teacher pay rate (school sends MCPS Form 445-17 to ERSC)
 Temporary Part-time (TPT) Substitute—see Pay Rate Guidelines, page 2 (school sends MCPS Form 460-2 to School and Financial Operations Team fiscal assistant)

Charge Substitute to Account Number:

Department:						School:					Grant:					Program:				
Account:						Fund:			Category:											

Signature, Chief Financial Officer/Designee _____ Date ____/____/____

School Name _____

INFORMATION:

Supporting Services (SEIU) Substitute Pay Rate Guidelines

- Non-MCPS, retiree (non-similar positions), or current MCPS employee (non-similar position)—step 1 longevity 0 on the grade of the position being filled
- Retiree from similar position—up to step 5 longevity 0 on the grade of the position being filled, no greater than the rate of pay at retirement
- MCPS permanent employee from similar position—up to step 10 longevity 0 on the grade of the position being filled, no greater than the employee’s current rate of pay (total permanent position hours + substitute hours may not exceed 8 hrs/day or 40 hrs/week)

MCBOA Substitute Pay Rate Guidelines

- Retired MCBOA administrator substituting for a similar SEIU position in the business/finance field—up to step 5 on the grade of the position being filled, no greater than the rate of pay at retirement
- Retired MCBOA administrator substituting for a non-similar SEIU position—step 1 on the grade of the position being filled, no greater than the rate at time of retirement.
- Retired SEIU staff substituting for MCBOA position—step 1 on the scale of the position being filled no greater than the rate at time of retirement.

NOTE: Unlike long-term teacher substitutes, supporting services and MCBOA substitutes do not receive a pay rate differential when working in the same substitute assignment beyond 10 days.

PART IV: REQUEST FOR EXTENSION OF SUBSTITUTE ASSIGNMENT (To Be Completed By School)

Revised/Extended End Date of Assignment ____/____/____ _____
Signature, Principal ____/____/____
Date

Extended Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

Revised/Extended End Date of Assignment ____/____/____ _____
Signature, Principal ____/____/____
Date

Extended Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

Revised/Extended End Date of Assignment ____/____/____ _____
Signature, Principal ____/____/____
Date

Extended Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

PART V: AUTHORIZED USE ONLY

EXTENSION APPROVED EXTENSION DENIED

Start Date ____/____/____ End Date ____/____/____ for student instructional days only.

Signature, Chief Financial Officer/Designee ____/____/____
Date

EXTENSION APPROVED EXTENSION DENIED

Start Date ____/____/____ End Date ____/____/____ for student instructional days only.

Signature, Chief Financial Officer/Designee ____/____/____
Date

EXTENSION APPROVED EXTENSION DENIED

Start Date ____/____/____ End Date ____/____/____ for student instructional days only.

Signature, Chief Financial Officer/Designee ____/____/____
Date