



# Professional Leave (PRO)

Office of the Chief Financial Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 430-94**  
**March 2017**  
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**INSTRUCTIONS:** This form is used to request and approve professional leave (PRO) for less than 5 days. Appropriate documentation must be attached.

**PARTS A-C to be completed by employee requesting professional leave and forwarded to the appropriate supervisor for approval prior to the date of the activity.**

### PART A: EMPLOYEE REQUEST

Name of Employee \_\_\_\_\_ Employee ID # \_\_\_\_\_

Work Location \_\_\_\_\_

Number of \_\_\_\_\_ Days (or) \_\_\_\_\_ Hours Half day or less  A.M.  P.M.

Dates of Leave \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Activity Details/Reason for Leave (specify activity/program, location, time, etc.; attach supporting documentation)

\_\_\_\_\_

Type of Professional Leave Activity:

- Training  Conference  Curriculum Development  Meeting  Field Trip  School Improvement
- Other School Activity  Other \_\_\_\_\_

Substitute Required?  No  Yes (If Yes, complete Part B) Name of Pre-arranged Substitute \_\_\_\_\_

Substitute Employee ID # \_\_\_\_\_ Substitute Job Number \_\_\_\_\_

### PART B: SUBSTITUTE FUNDING

*(Must be completed if substitute is required. Check one funding source below and provide applicable information.)*

School IAF: Account Name \_\_\_\_\_ Account No. \_\_\_\_\_

MCPS Central Office/Operating Funds Account Number/Code \_\_\_\_\_

Sponsoring Office \_\_\_\_\_ Contact Person \_\_\_\_\_

Outside Agency or Grant: Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### PART C: EMPLOYEE CERTIFICATION

Has honoraria been offered for work completed during this professional leave?  No  Yes If yes, complete Part E on page 2

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART D to be completed by principal/supervisor**

### PART D: AUTHORIZATION

Approval of this leave request meets the following criteria:

- MCPS Definition of Professional Leave
- School/Office needs
- Available Funding has been confirmed (if substitute or other fees are required)
- Approved (must meet all three criteria)
- Not approved, reason \_\_\_\_\_

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Distribution:** COPY 1/ Employee; COPY 2/School/Office; COPY 3/Funding Source Office; COPY 4/(if Part E applies) Chief Financial Officer

**Part E to be completed if employee has been offered honoraria for work to be completed during this professional leave. This request must be approved prior to participating in the professional leave activity.**

**PART E: HONORARIUM APPROVAL**

MCPS employees cannot use professional leave and receive honorarium or stipends for the same work day. However, if work extends into a weekend or nonwork day(s) employees can request approval to accept an honorarium. To request approval complete the information below and send a copy of this form (with supervisor signature) to the Chief Financial Officer. Please attach any additional documentation with the form.

Name of Program \_\_\_\_\_

Amount of Honorarium \_\_\_\_\_

Number of days work extends beyond MCPS work days \_\_\_\_\_

CFO Action  Approved  Denied Reason \_\_\_\_\_

Chief Financial Officer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_