

**Office of Human Resources  
and Development  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland**

**REQUEST FOR RELEASED TIME TO ATTEND  
CLASS FOR SUPPORTING SERVICES STAFF**

**INSTRUCTIONS:** Complete PART I and send 3 copies to Supporting Services PGS two weeks before the course starts. **Reimbursement for books may be available from the Professional Library (279-3227).**

**PART I: TO BE COMPLETED BY EMPLOYEE**

Employee name \_\_\_\_\_ Job title \_\_\_\_\_  
Last First MI

School/Department \_\_\_\_\_ Telephone \_\_\_\_\_  
Name Social Security Number Office

Number of hours worked: Per week \_\_\_\_\_ Per day \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  10 months  12 months  
a.m./p.m. a.m./p.m.

Course \_\_\_\_\_ Course starting date \_\_\_\_/\_\_\_\_/\_\_\_\_ Course ending date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Course title \_\_\_\_\_ Scheduled course time: From \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_  
a.m./p.m. a.m./p.m.

Days of the week in class (Check all that apply.):  
 S  M  T  W  T  F  S

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
No. of class hrs. No. of hrs. traveled Total/hrs.

\_\_\_\_\_ Number of hours requested for released time per week  
 (Total number of hours eligible for released time cannot exceed 10% of employee's monthly work schedule.)

Educational institution \_\_\_\_\_ Location of instruction \_\_\_\_\_  
 Purpose for taking the course and/or career objective within MCPS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I understand that if I withdraw from the course, I will notify my supervisor and Supporting Services PGS and resume my normal work hours immediately.**

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

**PART II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR (Forward all copies to Supporting Services PGS, Department of Professional Growth Systems, Upcounty Regional Services Center)**

Recommendation:  Approved  Disapproved  
 A recommendation for approval includes authorization to release employee, including class and travel time:  
 From \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Days of the week in class (Check all that apply.):  S  M  T  W  T  F  S  
a.m./p.m. a.m./p.m.

Total hours per week of released time requested, including travel time \_\_\_\_\_

If course requires more than the maximum permitted released time (10% of the employee's scheduled work month) employee has been authorized to take \_\_\_\_\_ hours of annual or personal leave. Released time is to be recorded as professional leave.

\_\_\_\_\_  
PRINT, Immediate Supervisor PRINT, Principal/Director

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Immediate Supervisor Date Signature, Principal/Director Date

**PART III: TO BE COMPLETED BY SUPPORT STAFF TRAINING**

Approved  Disapproved

Comments \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Support Staff Training Date