



Professional Leave (PRO)

Department of Financial Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 430-94
January 2009

INSTRUCTIONS: This form is used to request and approve professional leave (PRO) for less than 5 days. Appropriate documentation must be attached.

PART A: Completed by employee requesting professional leave and forwarded to the appropriate supervisor.

Name of Employee _____ Employee ID # _____

Work Location _____

Number of _____ Days (or) _____ Hours Half day or less ☐ A.M. ☐ P.M.

Dates of Leave ____/____/____ through ____/____/____

Reason for Leave _____

Type of Professional Leave Activity: ☐ Training ☐ Conference ☐ Curriculum Development ☐ Meeting ☐ Other

Details as Appropriate (specify) _____

Substitute needed: ☐ Yes ☐ No If Yes, Funding Source _____

Signature, Employee

_____/_____/_____
Date

PART B: Authorization (to be completed by supervisor and approved by principal/director)

Approval of this leave meets the following criteria:

- ☐ MCPS Definition of Professional Leave
- ☐ School/Office needs
- ☐ Available Funding (if substitute or other fees are required)

☐ Approved (must meet all three criteria) ☐ Not Approved, reason _____

Signature, Supervisor

_____/_____/_____
Date

Signature, Principal/Director

_____/_____/_____
Date

PART C: Complete 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.

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 _____

Signature, Chief Financial Officer

_____/_____/_____
Date

Distribution: COPY 1/ Employee; COPY 2/School/Office; COPY 3/Funding Source Office