Montgomery County Public Schools Rockville, Maryland 20850 10-Month Professional Employees

## Flexible Professional Time VOUCHER

Employee Name:	Scl	hool`	Year:
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Date	Activity	Time Spent

**SIGNATURE**: This is to certify that I have worked the hours shown above.

Employee

Date

## Part Time Employees

Allocation	FPT Responsibility
1	16 hours
.9	14.4
.8	12.8
.7	11.2
.6	9.6
.5	8.0
.4	6.4
.3	4.8
.2	3.2
.1	1.6

Unpaid Leaves of Absence/ Late Hires FPT Responsibility 16 hours # of days worked 192 173 14.4 154 12.8 134 11.2 115 9.6 96 8.0 77 6.4 58 4.8 38 3.2 19 1.6

**INSTRUCTIONS:** This form is to be completed and submitted at the end of the school. Absence of a signed Voucher will result in a deduction from your final paycheck.