Montgomery County Public School
Rockville, Maryland 20850

10-Month Professional Employees

## Flexible Professional Time VOUCHER

Employee Name:		School Year:		
Date	Activity	Time Spent		
	_			
SIGNATURE: This is to certify the	nat I have worked the hours shown above.			

Part-time Employees		
Allocation	FPT Responsibility	
1.0	16 hours	
.9	14.4	
.8	12.8	
.7 .6	11.2 9.6	
.5	8.0	
.4	6.4	
.3	4.8	
.2	3.2	
.1	1.6	

**Employee** 

Unpaid Leaves of Absence/ Late Hires			
# of days worked	FPT Responsibility		
192	16 hours		
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:**

Date

This form is to be completed and submitted at the end of the school year. Absence of a signed Voucher for the requisite time will result in a deduction from your final paycheck.