

# Glenstone

Dear Teachers,

We're excited that you are planning to visit Glenstone with your students.

Glenstone reimburses substitute coverage for up to one (1) teacher for every ten (10) students.

For MCPS substitute teacher reimbursement, please complete the form on the next page and email to Barbara Smakula at [Barbara\\_T\\_Smakula@mcpsmd.org](mailto:Barbara_T_Smakula@mcpsmd.org).

Looking forward to welcoming you and your students, soon!

Sincerely,

A handwritten signature in black ink that reads "Peter Ibenana". The signature is written in a cursive style with a large initial "P".

Peter Ibenana  
Community Engagement Coordinator



# Professional Leave (PRO)

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

**MCPS Form 430-94**  
**March 2017**  
**Page 1 of 2**

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_