

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.

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, flowing style.

Peter Ibenana
Community Outreach 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 ____/____/____