Professional Leave (PRO)

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

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   ☐ Field Trip Requiring Substitute   ☐ Other

Details as Appropriate (specify) _____

_____

Substitute needed: ☐ Yes   ☐ No   If Yes, Funding Source (account number) _____

Name of Substitute _____

_____   ____/____/____
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