



Professional Leave (PRO)

Office of Finance
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 430-94
July 2023
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 MCPS Internal Interviews 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) Office of Finance

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 Office of Finance. Please attach any additional documentation with the form.

Name of Program _____

Amount of Honorarium _____

Number of days work extends beyond MCPS work days _____

Office of Finance Action Approved Denied Reason _____

Associate Superintendent of Finance Signature _____ Date ____/____/____