

**MONTGOMERY COUNTY PUBLIC SCHOOLS****Request for Released Time to Attend Class  
for Supporting Services Staff**Office of Human Resources and Development  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850**INSTRUCTIONS**

Complete PART I and send 3 copies to Supporting Services PGS two weeks before the course starts. For further information see MCPS Regulation GMF-RA.

**PART I: TO BE COMPLETED BY EMPLOYEE**

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Job Title \_\_\_\_\_ Employee ID# \_\_\_\_\_ Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_

Number of hours worked: Weekly \_\_\_\_\_ Daily \_\_\_\_\_ From \_\_\_\_:\_\_\_\_  a.m./  p.m. to \_\_\_\_:\_\_\_\_  a.m./  p.m.  10 mo.  12 mo.

Course \_\_\_\_\_ Course starting date \_\_\_\_/\_\_\_\_/\_\_\_\_ Course ending date \_\_\_\_/\_\_\_\_/\_\_\_\_

Course title \_\_\_\_\_

Scheduled course time: From \_\_\_\_:\_\_\_\_  a.m./  p.m. to \_\_\_\_:\_\_\_\_  a.m./  p.m.

Days of the week in class (check all that apply)

 S  M  T  W  T  F  S No of class hours \_\_\_\_\_ - No of hours traveled \_\_\_\_\_ = Total Hours \_\_\_\_\_\_\_\_\_\_ Number of hours requested for released time per week  
(Total number of hours eligible for released time cannot exceed 10% of employee's monthly work schedule)

Educational institution \_\_\_\_\_ Location of instruction \_\_\_\_\_

Purpose for taking the course and/or career objective within MCPS

*I understand that if I withdraw from the course, I will notify my supervisor and Supporting Services PGS and resume my normal work hours immediately.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

(Forward all copies to Supporting Services PGS, Department of Professional Growth Systems, 45 W. Gude Drive, Suite 2100)

Recommendation:  Approved  Disapproved

A recommendation for approval includes authorization to release employee, including class and travel time.

From \_\_\_\_:\_\_\_\_  a.m./  p.m. to \_\_\_\_:\_\_\_\_  a.m./  p.m.Days of the week in class (check all that apply)  S  M  T  W  T  F  S

Total hours per week of release time requested, including travel time \_\_\_\_\_

If course requires more than the maximum permitted release time (10% of the employee's scheduled work month) employee has been authorized to take \_\_\_\_\_ hours of annual or personal leave. Released time is to be recorded as professional leave.

Immediate Supervisor (Print) \_\_\_\_\_ Principal/Director (Print) \_\_\_\_\_

Immediate Supervisor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal/Director Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III: TO BE COMPLETED SUPPORT STAFF TRAINING** Approved  Disapproved

Comments

Support Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_