

**MONTGOMERY COUNTY PUBLIC SCHOOLS****Substitute Teacher Removal Request**

Office of Human Resources and Development  
 Department of Compliance and Investigations (DCI)  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 45 W. Gude Drive, Suite 2500, Rockville, Maryland 20850

Prior to submitting this form, the principal or administrator will refer to the information and action steps in the document, *Guidelines for Responding to Allegations of Substitute Teacher Misconduct and Performance Issues* (updated August 2017), and meet with or contact the substitute teacher by telephone to share the reason why the request is being made and give the substitute an opportunity to respond to the removal request. This form does not apply to incidents involving suspected child abuse and/or other allegations of criminal activity reported to Child Protective Services (CPS) and/or law enforcement agencies. **This form applies only for an incident involving other alleged inappropriate behavior or performance issues.** For incidents involving suspected child abuse or neglect and/or other allegations of criminal activity reported to CPS or other law enforcement agencies, after ensuring the required reporting to CPS and/or law enforcement agencies, the principal or designee should notify the Office of School Support and Well-Being (OSSWB). OSSWB will notify the Department of Compliance and Investigations (DCI), in the Office of Human Resources and Development.

Substitute Teacher Name \_\_\_\_\_

MCPS Employee ID # \_\_\_\_\_ Email \_\_\_\_\_

Date Substitute was Notified of Issue and Request \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of the incident(s). Please be as specific as possible and use additional sheets if necessary.

Substitute's response

Substitute's response date \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal/Designee's conclusion

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please email completed form and supporting documents to: DCI\_Review@mcpsmd.org and to the substitute teacher.**

**FOR DCI USE ONLY**

DCI Summary

Action:  Removal from reporting school  Removal from all substitute positions

DCI Investigation  Reinstate substitute to all schools  Freeze assignments

DCI Reviewer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_