

Non-Teaching Long-Term Substitute Assignment for School Positions Other Than Classroom Teachers

Division of Financial Management
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

School Name _____ School Number _____

GENERAL INSTRUCTIONS: This form must be completed and approved by the appropriate director or associate superintendent of the type of staffing **prior to the start date for the request.** Prior to filling in this form, please read the memorandum, "Guidelines for the Request and Authorization of Substitutes for School-based Positions," to review the guidelines for the non-teaching position substitute process.

REQUESTS—Send one copy of this form via email to DFSS@mcpsmd.org or Pony to the Department of Financial School Support (DFSS) 15 W. Gude Drive, Suite 200. Retain one copy for the school. Once signed approval has been received and a substitute has been identified, the school should forward to the appropriate authorizing office a copy of the approved request form with the appropriate substitute assignment form as indicated in Part III:

[MCPS Form 445-17, Long-Term Substitute Assignment](#) request form should be forwarded to Employee & Retiree Service Center (ERSC)

[MCPS Form 460-2, Request for Temporary Employment](#) Request for Temporary Employment should be forwarded via email to DFSS@mcpsmd.org

EXTENSIONS—To initiate an extension of an approved non-teaching long-term substitute assignment, resubmit a copy of the approved request form with Part IV completed and signed by the principal via email to DFSS@mcpsmd.org or Pony to the DFSS, 15 W. Gude Drive, Suite 200.

PART I: POSITION INFORMATION (To Be Completed By School)

Type of Position

- School-Based Teacher Level (MCEA) School-Based Supporting Services (SEIU)
(other than building services or food services)

Position Title _____ Position Grade _____

Full-Time Position, or Part-Time Position: If part-time, provide FTE _____ Biweekly hours/pay period _____

PART II: DETAILS OF EMPLOYEE ABSENCE OR VACANCY (To Be Completed By School)

Note: Other than extenuating circumstances, subs for positions are only approved for periods greater than 2 weeks

Unfilled Position/Vacancy

Long-Term Absence

Employee leaving position:

Name _____

Employee ID _____

Reason for Vacancy _____

Date position was vacated ____/____/____

Is position currently advertised:

No Yes (Closing date ____/____/____)

Expected Fill Date ____/____/____

Employee absent from position:

Name _____ Employee ID _____

Reason for Absence (select one):

LEAVE Type of leave _____

Start Date: ____/____/____ End Date: ____/____/____

Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

BACK-FILL for employee in higher-level assignment (HLA)

HLA Position: _____

HLA Start Date: ____/____/____ HLA End Date: ____/____/____

Please provide a rationale for this long-term substitute request: _____

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.

Signature, Principal

____/____/____
Date

PART III: AUTHORIZED USE ONLY

APPROVED DENIED

Start Date ____/____/____ End Date ____/____/____ for student instructional days only.

Type of Substitute Approved:

Substitute Teacher @ substitute teacher pay rate (school sends MCPS Form 445-17 to ERSC)

Temporary Part-time Substitute—see Pay Rate Guidelines, page 2 (school sends MCPS Form 460-2 via email to DFSS@mcpsmd.org)

Charge to Account Number:

Organization:		Location:		Project:		Function:	
Account:		Fund:		Category:			

Signature, Associate Superintendent/Director

____/____/____
Date

School Name _____ School Number _____

INFORMATION:

Supporting Services (SEIU) Substitute Pay Rate Guidelines

- Non-MCPS, retiree (non-similar positions), or current MCPS employee (non-similar position)—step 1 longevity 0 on the grade of the position being filled
- Retiree from similar position—up to step 5 longevity 0 on the grade of the position being filled, no greater than the rate of pay at retirement
- MCPS permanent employee from similar position—up to step 10 longevity 0 on the grade of the position being filled, no greater than the employee’s current rate of pay (total permanent position hours + substitute hours may not exceed 8 hrs/day or 40 hrs/week)

NOTE: Unlike long-term teacher substitutes, supporting services substitutes do not receive a pay rate differential when working in the same substitute assignment beyond 10 days.

PART IV: REQUEST FOR EXTENSION OF SUBSTITUTE ASSIGNMENT (To Be Completed By School)

Revised/Extended End Date of Assignment ____/____/____ _____
Signature, Principal ____/____/____
Date

Extended Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

Revised/Extended End Date of Assignment ____/____/____ _____
Signature, Principal ____/____/____
Date

Extended Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

Revised/Extended End Date of Assignment ____/____/____ _____
Signature, Principal ____/____/____
Date

Extended Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____

PART V: AUTHORIZED USE ONLY

EXTENSION APPROVED Substitute Assignment Revised/Extended End Date: ____/____/____

EXTENSION DENIED

Signature, Associate Superintendent/Director ____/____/____
Date

EXTENSION APPROVED Substitute Assignment Revised/Extended End Date: ____/____/____

EXTENSION DENIED

Signature, Associate Superintendent/Director ____/____/____
Date

EXTENSION APPROVED Substitute Assignment Revised/Extended End Date: ____/____/____

EXTENSION DENIED

Signature, Associate Superintendent/Director ____/____/____
Date