

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Non-Teaching Long-Term Substitute Assignment

for School Positions Other Than Classroom Teachers

(Please check appropriate box)

REQUEST for Substitute **OR**  EXTENSION of Substitute Assignment

Office of Finance (OOF)  
 MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
 Rockville, Maryland 20850

School Name \_\_\_\_\_

**GENERAL INSTRUCTIONS:** This form must be completed and approved by the Associate Superintendent of Finance/Designee **prior to the start date for the request.** Prior to filling in this form, please read the Associate Superintendent of Finance's 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 SFOT@mcpsmd.org or Pony to the School and Financial Operations Team, CESC, Room 170. 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* should be forwarded to the School and Financial Operations Team fiscal assistant.

**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 SFOT@mcpsmd.org or Pony to the School and Financial Operations Team, CESC, Room 170.

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

Type of Position

School-Based Teacher Level (MCEA)     School-Based Supporting Services (SEIU)     School-Based MCBOA  
*(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

<input type="checkbox"/> Unfilled Position/Vacancy Employee leaving position: Name _____ Employee ID _____ Reason for Vacancy _____ Date position was vacated ____/____/____ Is position currently advertised: <input type="checkbox"/> No <input type="checkbox"/> Yes (Closing date ____/____/____) Expected Fill Date ____/____/____	<input type="checkbox"/> Long-Term Absence Employee absent from position: Name _____ Employee ID _____ Reason for Absence (select one): <input type="checkbox"/> LEAVE Type of leave _____ Start Date: ____/____/____ End Date: ____/____/____ Long-Term Leave Forms (430-1 & 440-35) sent to ERSC (Date) ____/____/____ <input type="checkbox"/> BACK-FILL for employee in higher level assignment (HLA) HLA Position: _____ HLA Start Date: ____/____/____ HLA End Date: ____/____/____
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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 (TPT) Substitute—see Pay Rate Guidelines, page 2 (school sends MCPS Form 460-2 to School and Financial Operations Team fiscal assistant)

Charge to Account Number:

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

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature, Associate Superintendent of Finance/Designee \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

School Name \_\_\_\_\_

**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)

**MCBOA Substitute Pay Rate Guidelines**

- Retired MCBOA administrator substituting for a similar SEIU position in the business/finance field—up to step 5 on the grade of the position being filled, no greater than the rate of pay at retirement
- Retired MCBOA administrator substituting for a non-similar SEIU position—step 1 on the grade of the position being filled, no greater than the rate at time of retirement.
- Retired SEIU staff substituting for MCBOA position—step 1 on the scale of the position being filled no greater than the rate at time of retirement.

**NOTE:** Unlike long-term teacher substitutes, supporting services and MCBOA 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       EXTENSION DENIED

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ for student instructional days only.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Associate Superintendent of Finance/Designee* *Date*

EXTENSION APPROVED       EXTENSION DENIED

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ for student instructional days only.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Associate Superintendent of Finance/Designee* *Date*

EXTENSION APPROVED       EXTENSION DENIED

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ for student instructional days only.

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Associate Superintendent of Finance/Designee* *Date*