

MONTGOMERY COUNTY PUBLIC SCHOOLS**Request for Approval of Higher Level Assignment (HLA)**
*for All School and Central Office Positions*Office of Finance (OOF)
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

School/Office Name: _____ School/Office Location No.: _____

Division/Department/Unit (if Applicable): _____ Contact Person: _____

GENERAL INSTRUCTIONS: This form is used by central office and school administrators to request approval for an employee to serve in a higher level assignment (HLA) to fill a vacancy due to long term absence or position lapse. **All school-based administrator HLA requests must be requested by the Office of Teaching, Learning, and Schools-School Support and Improvement, and not by school staff.** Complete Sections A-C; routing of HLA requests is determined by position type as outlined in Section C. To request an extension of an approved HLA, complete Section E on the approved request form.

All requests for HLAs and extensions of approved HLAs must be submitted prior to the start date of the HLA. All higher level assignments will end on June 30 of the fiscal year. If the need for a higher level assignment crosses fiscal years, two separate requests should be submitted, one for each fiscal year.

A. HIGHER LEVEL ASSIGNMENT DETAILS (To Be Completed By Originating School or Office)**PART 1: POSITION INFORMATION** (Position to be filled with higher level assignment)Type of Position: MCAAP MCBOA MCEA SEIU (If applicable, specify Shift _____)

Position Title: _____ Position: Process Level _____ Job Code _____ Sequence _____

Position Grade: _____

 10-month 12-month Other _____ Full-time position, or Part-time position: If part-time, provide FTE _____ Biweekly hours/pay period _____**PART 2: DETAILS OF EMPLOYEE ABSENCE OR VACANCY** Unfilled Position/Vacancy Long-Term Absence

Employee who vacated position:

Name: _____

ID# _____

Reason for Vacancy:

Date position was vacated: ____/____/____

Is position currently advertised? No Yes

(Closing date ____/____/____)

Expected Fill Date ____/____/____

Employee absent from position:

Name: _____ ID# _____

Reason for Absence (select one):

 LEAVE Type of leave _____

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

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

 Backfill for an employee who is filling another position as an HLA

HLA Position: _____

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

PART 3: DETAILS ON EMPLOYEE TO FILL THE HIGHER LEVEL ASSIGNMENT

Employee Name: _____ ID# _____ Current FTE _____

Current Position Title: _____ 10-month 12-month Other _____

Position: Process Level _____ Job Code _____ Sequence _____

Dates for Request of HLA (These dates don't need to match the employee absence date, but cannot exceed it.)

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

NOTE: If this employee is 10-month and the HLA is 12-month and the request extends into summer months, attach details and an explanation for the need for summer months.

B. JUSTIFICATION (To Be Completed By Originating School or Office)

Please provide a rationale for this HLA request. If the employee is 10-month and the HLA is 12-month and the requested HLA assignment extends into summer months, include details and an explanation for the need for summer months.

Signature, Director/Supervisor/Principal: _____ Date ____/____/____

Printed Name of Director/Supervisor/Principal: _____

For school administrator HLA request only:

Signature, Chief of Teaching, Learning and Schools: _____ Date ____/____/____

C. DISTRIBUTION OF HLA REQUEST FORM (To be Completed by Originating School or Office)

- ➡ For maintenance and operations positions—forward request to director, Division of Maintenance and Operations
- ➡ For food services positions—forward request to director, Division of Food and Nutrition Services
- ➡ For all other school positions—forward request to supervisor, School and Financial Operations Team at SFOT@mcpsmd.org
- ➡ For all other central office positions—forward request to associate superintendent of finance, Office of Finance

D. AUTHORIZED USE ONLY—HIGH LEVEL ASSIGNMENT APPROVAL

APPROVED

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

DENIED

Comments:

Note 1: Employee filling HLA must work the schedule of the position being filled. If the employee does not work the schedule, leave must be used.

Note 2: For 10-month employee filling a 12-month HLA, annual leave will be provided to use during the course of the HLA. Annual leave will not carry over or be paid out at the end of the assignment.

Please share the above information with the employee.

Authorized Signature: _____ Date: ____/____/____

Printed Name: _____

E. REQUEST FOR EXTENSION OF HIGHER LEVEL ASSIGNMENT (To be Completed by Originating School or Office)

Revised/Extended End Date of Higher Level Assignment ____/____/____

Date that Extended Long-Term Leave Forms (430-1 and 440-35) were sent to ERSC: ____/____/____

Signature, Director/Supervisor/Principal: _____ Date: ____/____/____

Printed Name of Director/Supervisor/Principal: _____

For school-based administrator HLA request only:

Signature, Chief of Teaching, Learning and Schools: _____ Date ____/____/____

F. AUTHORIZED USE ONLY- HIGH LEVEL ASSIGNMENT EXTENSION APPROVAL

EXTENSION APPROVED Approved HLA Revised/Extended End Date: ____/____/____

EXTENSION DENIED

Comments:

Authorized Signature: _____ Date: ____/____/____

Printed Name: _____