

Montgomery County Public Schools
Rockville, Maryland 20850

10-Month Professional Employees

Flexible Professional Time VOUCHER

Employee Name: _____

School Year: _____

<i>Date</i>	<i>Activity</i>	<i>Time Spent</i>

SIGNATURE: This is to certify that I have worked the hours shown above.

Employee

Date

Part-time Employees	
<u>Allocation</u>	<u>FPT Responsibility</u>
1.0	16 hours
.9	14.4
.8	12.8
.7	11.2
.6	9.6
.5	8.0
.4	6.4
.3	4.8
.2	3.2
.1	1.6

Unpaid Leaves of Absence/ Late Hires	
<u># of days worked</u>	<u>FPT Responsibility</u>
192	16 hours
173	14.4
154	12.8
134	11.2
115	9.6
96	8.0
77	6.4
58	4.8
38	3.2
19	1.6

INSTRUCTIONS:
This form is to be completed and submitted at the end of the school year. Absence of a signed Voucher for the requisite time will result in a deduction from your final paycheck.