



**APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE (Administrators and Staff)
SUMMER 2025 / FALL 2025 / SPRING 2026**

Applicant's Name: _____ **Applicant's M#:** _____

Title: Mr. Ms. Dr. Other: _____

Please check one: Administrator Associate/Support Staff

Job Title: _____ **Department/Area:** _____

Phone extension: 7- _____

Campus:

Germantown

Rockville

Takoma Park/Silver Spring

CT Building

Workforce Development & Continuing Education

Other _____

Leave requested for:

Summer 2025 (full-time leave: one semester or 4/5 months) Dates from _____ to _____

Fall 2025 (full-time leave: one semester or 4/5 months) Dates from _____ to _____

Spring 2026 (full-time leave: one semester or 4/5 months) Dates from _____ to _____

Part-time employee leave (8/9 months or two semesters) Dates from _____ to _____

1. Eligibility for Professional Development Leave (Verification will be checked by HRSTM.)

Confirm which requirement you meet:

I am a full-time administrator or staff member and have completed or will have completed three consecutive years of employment at the time I begin the requested leave, if approved.

I am a part-time (minimum of 20 hours per week) staff member and have completed or will have completed six consecutive years of employment without paid professional leave at the time I begin the requested leave, if approved.

2. Purpose of Professional Development Leave

Briefly (2-3 sentences) describe the purpose for which you are requesting professional development leave.



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3. Course of Study (Complete this section if you plan to enroll in coursework.)

Will you be pursuing any of the following academic programs?

- Certificate: Type
Associate's degree
Bachelor's degree
Master's degree
Professional degree
Doctorate degree
Other, please specify:
Name of institution:

Will you enroll in a full-time course of study (at least 12 undergraduate or 9 graduate credit hours, or the equivalent* in continuing/professional education credits? Yes No

*Note: You must attach documentation if the institution where you will be enrolled considers fewer than 12 undergraduate or 9 graduate credit hours to be full-time.

How many courses and credits do you plan to take during your leave?

of courses: # of credit hours:

How many more courses and credits do you need to graduate or complete your degree, program of study, certificate, or project?

of courses remaining: # of credit hours remaining:

List or attach a transcript showing the courses and credits or certificate work completed thus far, and describe any other preparation you have made for this leave.

4. Institutional and Organizational Support

I am planning to use my EAP funds to support training/coursework taken during my leave.

- Yes No

I will be requesting funds from the EAP travel allowance (based on availability) and/or my department/ area to support travel expenses outside of commuting to class incurred as a result of my leave. (All travel request forms must be retained by your department until professional development leave awards are announced.)

Yes, amount requested: \$ No



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5. Applicant's History/Contributions

Number of years you have been employed at Montgomery College: _____

Have you previously applied for professional development leave?

Yes, time period requested: _____

No

Have you ever been awarded professional development leave by the College?

Yes, time period awarded: _____

No

Please list and briefly describe the five (5) most significant contributions you have made to Montgomery College, e.g., program, department, governance organization, or committees, over the past three years.



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6. Administrative, Associate, and Staff Support Member Obligations

Executing the Project Plan

While on full-time professional development leave, employees may not engage in other employment or in Montgomery College work-related activities, including returning for meetings or special projects. The professional development leave (PDL) award is based on the project plan, which must be attached as part of the leave application. If for any reason, the awardee is unable to complete the plan for which professional development leave is granted, if there are any changes in the objectives of the plan, or any deviations in the execution of the plan, the awardee must immediately notify their supervisor and the PDL program coordinator. Examples of changes or deviations include: changes in courses, reduction or increase in credit hours to be attempted, adjustments to a research project, substitutions, changes in the time line, or modifications.

Continued Employment

Upon approval of the professional development leave, the employee must agree in writing to return to the employ of the College immediately following the leave period for four months for each month of approved leave. If the employee fails to return and remain for the period of time specified in the agreement, the employee shall refund to the College all monies paid to him or her on his or her behalf during the leave period.

Report on Outcomes

Should the professional development leave be awarded, the employee is expected to submit a brief report after the completion of his or her leave. The report should contain an overview of the activities completed, correlating them to the plans and objectives outlined in the application proposal. If there have been major variations from the approved plan and its objectives, the report should explain the reason and/or results of the modifications.

The leave report is to be submitted to the individual's supervisor, the administrator, and the PDL program coordinator for acceptance within 30 calendar days after completion of the leave and shall be considered in the evaluation of the employee. An official transcript or certificate of completion must be provided for any courses undertaken during the leave.



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Acknowledgement and Acceptance of Obligations

I have read and understand my obligations to Montgomery College, as outlined above. I accept responsibility for fulfilling these obligations if awarded professional development leave.

Typed name (e-signature): _____ Date: _____

Total number of pages in the project plan: _____

Please insert a footer into the project plan that includes your name and “page x of y.”

1. Name your application: lastname_firstname_application for Summer 2025 or Fall 2025 or Spring 2026. (Type the appropriate time period.)
2. Name your project plan: lastname_firstname_projectplan for Summer 2025 or Fall 2025 or Spring 2026. (Type the appropriate time period.)
3. Send an e-mail with this completed application (including your name at the top of each of the three recommendation pages) and your project plan in Word (example: Doe_John_application, Doe_John_proposal Spring 2025) to your supervisor. Use the subject line: lastname_firstname—Professional Development Leave Package for Summer 2025 or Fall 2025 or Spring 2026. (Type the appropriate time period.)
4. Your supervisor will write a recommendation of support in the application and forward it and the project plan as attachments in an e-mail to your administrator.
5. Your administrator will also submit a recommendation of support in the application.
6. The applicant will upload the completed application and the project plan as attachments to Workday and send via email to leaverequest@montgomerycollege.edu **no later than Friday, January 31, 2025.**



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Applicant's Name: _____

Supervisor's Review:

Please type your comments/recommendation in this box and save it to your computer. Next, forward the application to the applicant or to the next-level supervisor for comments/signature. If you are also the applicant's administrator, please sign this box and the administrator's box.

Date application and proposal received: _____

Level of support for this professional development leave request:

Strongly support Support Support with reservations Do not support

Please note that NO funds are available from HRSTM temporary staff and/or temporary salary adjustments to cover workload gaps. It is hoped that you will be flexible and creative in covering this employee's potential absence.

Comments/Recommendations: Explain your level of support and confirm any provisions that may be needed or will be made for handling the applicant's duties while on leave (type here):

Typed name that serves as your e-signature: _____

Date: _____



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Applicant's Name: _____

Administrator's Review:

Please type your comments/recommendation in this box and save it to your computer. Next, forward the application to the applicant to upload both the application and proposal to Workday **no later than Friday, January 31, 2025.**

Date application and proposal received: _____

Level of support for this professional development leave request:

Strongly support Support Support with reservations Do not support

Comments/Recommendations: Explain your level of support and confirm any provisions that may be needed or will be made for handling the applicant's duties while on leave (type here):

Typed name that serves as your e-signature: _____

Date: _____