



## APPLICATION FOR TRANSFER -- INSTRUCTIONAL POSITION FOR SCHOOL YEAR 20\_\_ - 20\_\_

Transfer forms may be submitted any time after February 1st for the following two school years. Requests will remain active until January 31st of the second year. **Effective with the 1999-2000 school year, a newly hired teacher will be eligible to submit a transfer application only if he/she has been employed at the same work location for a minimum of three school years.** **NOTE:** Instructional Staffing notifies selected schools but teachers requesting a transfer should follow up by personally contacting the schools of their choice.

NAME: (LAST)	(FIRST)	(MIDDLE)	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER	HOME OR CELL #
HOME ADDRESS: (NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP)	E-MAIL ADDRESS
PRESENT SCHOOL NAME				WORK LOCATION #	YEARS AT PRESENT LOC.
SUBJECT(S) LISTED ON CERTIFICATE					VALIDITY PERIOD

**PLEASE INDICATE THE TYPE OF TRANSFER YOU ARE REQUESTING**

**VOLUNTARY**

**HARDSHIP**

*Distance:* \_\_\_\_\_ Miles within Miami-Dade County (one way by shortest route) between home and present school.

*Medical:* Physician's statement MUST be attached.

*Special Consideration:* Written explanation MUST be attached.

REQUESTED SCHOOL(S) FOR TRANSFER	
_____ Signature of Teacher	_____ Date

OR	REQUESTED REGION CENTER(S) FOR TRANSFER

**Directions:** Please complete this section of the transfer application and submit it to your principal. The principal will make a recommendation, provide a copy for you, and forward the application to:

**TO: W/L 9303 - Room 129  
Instructional Staffing**

**ATTN: EXECUTIVE DIRECTOR**

**PLEASE ALLOW 5-10 WORKING DAYS FOR PROCESSING.**

PRINCIPAL'S RECOMMENDATION	
<input type="checkbox"/>	I recommend this application be accepted.
<input type="checkbox"/>	I recommend this application be <b>rejected</b> for the following reason (Please check):
<input type="checkbox"/>	<i>Teacher is on prescription:</i> (Except as provided in Florida Statute 231.29)
<input type="checkbox"/>	Newly hired teacher who has not completed three years at this location.
<input type="checkbox"/>	<i>Other:</i> (Written explanation attached.)
_____ Signature of Principal	_____ Date

OFFICE OF INSTRUCTIONAL STAFFING	
Application Status	
<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED
_____ Signature of Executive Director	_____ Date