



## APPLICATION FOR TRANSFER -- INSTRUCTIONAL POSITION

FOR SCHOOL YEAR 20 \_\_\_\_ - 20 \_\_\_\_

Transfer forms may be submitted anytime after February 1st for the following school year but must be received by the Instructional Staffing Office at least five days prior to the opening of school for the new year. **A newly hired/rehired 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.** Teachers who have secured a voluntary transfer to another location **will only be released after the end of the school year.** Note: Teachers requesting a transfer should follow up by personally contacting schools of their choice.

NAME (LAST)	(FIRST)	(MIDDLE)	EMPLOYEE NUMBER	HOME OR CELL PHONE #
HOME ADDRESS (NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP)
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.*

<b>REQUESTED SCHOOL(S) FOR TRANSFER</b>	<b>OR</b>	<b>REQUESTED REGION CENTER(S) FOR TRANSFER</b>
Signature of Teacher _____ Date _____		<p><b>Directions:</b> 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:</p> <p style="text-align: center;"><b>TO: W/L 9303 - Room 269 (SBAB)</b> <b>Instructional Staffing</b></p> <p style="text-align: center;"><b>ATTN.: DIRECTOR</b></p> <p style="text-align: center;"><b>PLEASE ALLOW 5-10 WORKING DAYS FOR PROCESSING.</b></p>

<b>PRINCIPAL'S RECOMMENDATION</b>	<b>OFFICE OF INSTRUCTIONAL STAFFING</b>
<p><input type="checkbox"/> I recommend this application be accepted.</p> <p><input type="checkbox"/> I recommend this application be <b>rejected</b> for the following reason (Please check):</p> <p><input type="checkbox"/> <i>Teacher is on prescription: (Except as provided in Florida Statute 231.29)</i></p> <p><input type="checkbox"/> Newly hired teacher who has not completed three years at this location.</p>	<p>Application Status</p> <p><input type="checkbox"/> ACCEPTED      <input type="checkbox"/> REJECTED</p>
Signature of Principal _____ Date _____	Signature of Executive Director _____ Date _____