



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)	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	

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 150 (SBAB)
Instructional Staffing**

ATTN.: EXECUTIVE DIRECTOR

PLEASE ALLOW 5-10 WORKING DAYS FOR PROCESSING.

Signature of Teacher

Date

PRINCIPAL'S RECOMMENDATION

OFFICE OF INSTRUCTIONAL STAFFING

- I recommend this application be accepted.
- I recommend this application be **rejected** for the following reason (Please check):
 - Teacher is on prescription:* (Except as provided in Florida Statute 231.29)
 - Newly hired teacher who has not completed three years at this location.

Application Status

ACCEPTED REJECTED

Signature of Executive Director

Date

Signature of Principal

Date