



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 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: Instructional Staffing notifies selected schools but teachers requesting a transfer should follow up by personally contacting schools of their choice.

NAME (LAST)	(FIRST)	(MIDDLE)	EMPLOYEE NUMBER	SOCIAL SECURITY 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
Signature of Teacher _____		Date _____

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	OFFICE OF INSTRUCTIONAL STAFFING
<p><input type="checkbox"/> I recommend this application be accepted.</p> <p><input type="checkbox"/> I recommend this application be rejected for the following reason (Please check):</p> <p style="margin-left: 20px;"><input type="checkbox"/> <i>Teacher is on prescription:</i> (Except as provided in Florida Statute 231.29)</p> <p style="margin-left: 20px;"><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 _____