## REQUEST FOR CERTIFICATED TRANSFER

--- To Be Completed by Teacher---

Date of Transfer Request:		
Teacher's Name:		
Home Phone:		
Cell Phone:		
Current Site:		
Current Assignment:		
Type of Transfer Requested:  ☐ First Rights To Return (D	risplaced Teacher Only)	
Site displaced from:	Month/Year displaced:/	
☐ Seniority Transfer – Five of	or more years of service to the district	
☐ Non-Seniority Transfer –	Less than five years of service to the district	
Requested Site(s):	Requested Assignment(s):	
1	1	
2	2	
3		
4	4	

ACT 15.2.2 Transfer requests shall be considered before hiring new employees from outside of the District. Unit members who desire transfers to other work site(s) shall have the opportunity to submit a Request for Transfer to the Division of Human Resources. All requests for transfer remaining on file as of **April 16** shall become invalid. A unit member who still wishes to be considered for transfer must file a new request.

Please See Reverse for Transfer Eligibility Requirements

## **ELIGIBILITY CHECKLIST**

--- To Be Completed by Human Resources ---

ACT 15.2.1 A voluntary transfer is relocation acceptable to a unit member which would not result in a mis-assignment. Further, a unit member is eligible to participate in a voluntary transfer after completing two (2) satisfactory years of service, defined as not having been on a mandated assistance plan at any time during those two (2) years, and has submitted a written request for transfer.

Qualifying credential:	☐ Meets Eligibility	☐ Does Not Meet Eligibility
Notes: Highly Qualified (NCLB) Status:	☐ Meets Eligibility	☐ Does Not Meet Eligibility
Notes:		
Satisfactory Service:	☐ Meets Eligibility	☐ Does Not Meet Eligibility
Notes:		
ACT 15.2.4 A unit member who has exercised his/voluntary transfer or seniority transfer until he/she District.		
No Recent Voluntary Transfers:	☐ Meets Eligibility	☐ Does Not Meet Eligibility
Notes:		
ACT 15.2.5 Eligible unit members with five (5) or on seniority receive a transfer to the school of their of		
Seniority Date	☐ Seniority Transfer	☐ Non Seniority Transfer
Placement on Transfer List:		
☐ Approved ☐ Not Approved		
Director's Signature		
Date		
Teacher Notified of Approved o	r Not Approved	
Added to Transfer List		