

Lateral Transfer Application-Teaching Position

For School Year 20____ - 20____

Application Window: March 1- June 3

Transfer Procedure

1. Complete Form.
2. Conference with CURRENT Administrator to obtain signature below.
3. Submit this completed form to Mandy Carpenter, Director of Human Resources.
4. View current open positions on Fastrack.
5. APPLY for any position you are interested in on Fastrack.
6. Wait to be contacted by the Human Resources Department.
7. Upon selection, Employee will be notified and transfer will be processed.



Note: A teacher will be eligible to submit a transfer application after having been employed at the same work location for a minimum of two years. A teacher on a Professional Growth Plan (PGP) is not eligible for transfer. Recommendations for lateral transfers will NOT be approved after June 3, except to meet District needs.

NAME (LAST)	(FIRST)	PHONE #
EMAIL:		LICENSE LEVEL:
CURRENT SCHOOL:		CURRENT GRADE:
ENDORSEMENTS HELD:		YEARS AT CURRENT SCHOOL:
HIGHLY QUALIFIED AREAS: (Min 24 hours in content area)		TYPE OF TRANSFER: <input type="checkbox"/> Voluntary <input type="checkbox"/> Hardship <i>(Written statement required)</i>
Applicant Signature:		Date:

CURRENT ADMINISTRATOR RECOMMENDATION		<input type="checkbox"/> Accept <input type="checkbox"/> Reject <i>(Note below)</i>
Signature: _____		<input type="checkbox"/> Teacher is on a PGP <input type="checkbox"/> Teacher has not worked at this site for 2 yrs. <input type="checkbox"/> Loss of this teacher creates a hardship.
Date: _____		

RECEIVING ADMINISTRATOR RECOMMENDATION		<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Signature: _____	Date: _____	
School: _____	Position: _____	

HR Department Use ONLY	
Application Received:	Transfer Letter Sent:
Receiving Administrator Notified:	Skyward:
Teacher Notified of Decision:	Employee File: