**Ministry of Education**

**Teacher Transfer Request Form**

This form is to be completed by a teacher/School Post Holder who wishes to request a transfer to a different school. To minimize any disruptions to teaching and learning, transfers will be effected for the start of the new school year. Where a transfer cannot be delayed it will be effected at the start of a school term. Unless emergency circumstances exist, transfers will not occur during a school term. A replacement teacher (if required) will need to be arranged prior to execution of a transfer.

**Please attach all relevant documents to support your transfer request priority. Incomplete forms and forms not signed off by the Head of School and District Office will not be considered.** Please refer to the Policy on Teacher Transfers for further details including the Annual Transfer Cycle.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEACHER PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| TPF #: | | | Name: | | | | | | | | | Date of Birth: | | | | |
| Email: | | | | | | | | | Phone Contact: | | | | | | | |
| Date of Start at Current School: | | | | | | | | | Salary Band: | | | | | | | |
| Subject Combination (Secondary only): | | | | | | | | | Position: | | | | | | | |
| Current School: | | | | | | | | | Current District: | | | | | | | |
| **PREFERENCE FOR TRANSFER LOCATION** | | | | | | | | | | | | | | | | |
| Please list below up to six preferences for your transfer request. The preference should be **Schools** and **Districts**. | | | | | | | | | | | | | | | | |
| **Preference** | **School Name** | | | | **District** | | **Preference** | | **School Name** | | | | | | | **District** |
| 1 |  | | | |  | | 4 | |  | | | | | | |  |
| 2 |  | | | |  | | 5 | |  | | | | | | |  |
| 3 |  | | | |  | | 6 | |  | | | | | | |  |
| **REASON FOR TRANSFER REQUEST** | | | | | | | | | | | | | | | | |
| Indicate which transfer request priority you believe is relevant and provide further information below: | | | | | | | | | | | | | | | | |
| 🞎 Priority 2: Emergency Transfer  🞎 Supporting Documents attached | | | | | | | 🞎 Priority 4: Compassionate Transfer | | | | | | | | | |
| 🞎 Priority 3: Completed Minimum Three Years | | | | | | | 🞎 Priority 5: All Other Transfer Requests | | | | | | | | | |
| Briefly state the reason you are requesting a transfer: | | | | | | | | | | | | | | | | |
| Swapping is applicable under Priority 3, 4 & 5. Please fill in the details Only if its a transfer swap: | | | | | | | | | | | | | | | | |
| Swapping Teacher Details: | | TPF #: | | Name: | | | | | | | | | | | | |
| Current School: | | | | | | | | | | | District: | | | |
| Subject Combination (Secondary Only): | | | | | | | | | | | | | | |
| Is your spouse a MEHA employee?  🞎 Yes 🞎 No | | If yes, please provide details if he/she has been transferred or has applied for a transfer: | | | | | | | | | | | | | | |
| TPF #: | | | Name: | | | | | | | | | | | |
| Current School: | | | | | | | | | | | District: | | | |
| Has your spouse also applied for transfer/been transferred? 🞎 Yes 🞎 No | | | | (Please outline details) | | | | | | | | | | | | |
| **REQUESTING TEACHER CERTIFICATION** | | | | | | | | | | | | | | | | |
| I certify that I have read the *Policy on Teacher Transfers* and the *Policy on Relocation Expenses* and completed this form with a full understanding of the policy (swapping) arrangements and any financial implications which may arise from my request for a transfer. | | | | | | | | | | | | | | | | |
| Name: | | | | | Signature: | | | | | | | | Date: | | | |
| **HEAD OF SCHOOL RECOMMENDATION** | | | | | | | | | | | | | | | | |
| Please indicate if a replacement is required:  🞎 Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 No (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Details  🞎 Availability of Staff Quarters  🞎 Shared: 🞎 Male / 🞎 Female  🞎 Family Quarters | | | | | | | | | | | | | | | | |
| I have reviewed this Teacher’s request for a transfer and provide the following recommendation and justification: | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Position: | | | | | | | | | |
| Signature: | | | | | | | Date: | | | | | | | | | |
| **DISTRICT EDUCATION OFFICE RECOMMENDATION** | | | | | | | | | | | | | | | | |
| I have reviewed this Teacher’s request for a transfer and I do: 🞎 Support / 🞎 Not Support | | | | | | | | | | | | | | | | |
| Recommendation/ Comments: | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Position: | | | | | | | | | |
| Signature: | | | | | | | Date: | | | | | | | | | |
| **HR DEPARTMENT USE ONLY** | | | | | | | | | | | | | | | | |
| Performance and discipline Unit | | | | | | | | | | | | | | | | |
| Performance Check: | | | | |  | |  | | |  | | | | |  | |
| Outstanding disciplinary matters checked | | | | |  | |  | | |  | | | | |  | |
| Details of any disciplinary or performance matters: | | | | | | | | | | | | | | | | |
| Name: | | | | | | Signature: | | | | | | | | Date: | | |
| **Assessment by Establishment and Workforce Planning:** | | | | | | | | | | | | | | | | |
| Vacancy available in the preferred location: 🞎 Yes 🞎 No (go to next point)  Schools where vacancies exist: | | | | | | | | | | | | | | | | |
| Will a replacement be required: 🞎 Yes (If a replacement is not identified, please advise the teacher)  🞎 No (go to next point) | | | | | | | | | | | | | | | | |
| If the spouse has applied for transfer and the transfer cannot be executed at the same time, please advise the teacher of the status of his/her application: | | | | | | | | | | | | | | | | |
| 🞎 Teacher has indicated acceptance to be transferred to:  School:  Effective date: | | | | | | | | 🞎 Teacher has declined the transfer options provided:  Reasons: | | | | | | | | |
| Does the teacher qualify for: Transfer Allowance: 🞎 Yes 🞎 No | | | | | | | | | | | Relocation Expenses: 🞎 Yes 🞎 No | | | | | |
| Other Comments : | | | | | | | | | | | | | | | | |
| HR Personnel: | | | | | | | | Position: | | | | | | | | |
| Signature: | | | | | | | | Date: | | | | | | | | |