**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.

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| **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: |