Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 500 – Personnel and Employee Relations

ADMINISTRATIVE PROCEDURE - EXHIBIT: TEACHER TRANSFER REQUEST FORM

EXHIBIT CODE:	*504 E 001*
Policy Reference: 504 – Selection, Assignment and Evaluation of Professional Staff	**Procedure Code Reference:** 504 P 006 – Staffing Process

EXHIBIT

See below for the teacher transfer request form. Please note:

1. ***Teachers who are currently on a continuous contract and have been in their current school 3 years can apply for a teacher transfer.***

Approved: February 25, 2019
Revised: _____

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TEACHER TRANSFER REQUEST FORM

Name: _____ Date: _____

Current School: _____ Current Grade: _____

Contact Phone Numbers _____ _____

Subject Specialization (*if any*) _____

Teaching Experience

School	Subjects and Grades Taught	Number of Years

Did you submit applications during the open staffing process last year? Yes ____ No ____

Have you notified your current school principal about your transfer request? Yes ____ No ____

Provide any relevant information regarding your teaching experience, professional learning and involvement in your school community that may be relevant when determining a transfer placement.

_____

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Check [✓] area[s] of interest: ECS _____ Primary _____ Upper Elem._____ Middle _____ Sr. High _____

I would like to request a transfer to one of the following schools Check [✓]**:**

____	Alexandra Middle School	____	Medicine Hat Christian School
____	Connaught School	____	Medicine Hat High School
____	Crescent Heights High School	____	River Heights School
____	Crestwood School	____	Ross Glen School
____	Dr. Ken Sauer School	____	Southview Community School
____	Dr. Roy Wilson Learning Centre	____	Vincent Massey School
____	Elm Street School	____	Webster Niblock School
____	George Davison School	____	Pathway Programs
____	Herald School	____	HUB Virtual School

I authorize the Associate Superintendent, Human Resources to share my transfer requests with the principals of schools indicated above.

_____ _____

Teacher Signature *Date*