

*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: TRANSFER REQUEST FOR  
SURPLUS DIVISION TEACHERS ONLY**

<i>EXHIBIT CODE:</i>	<i>504 E 003</i>
<b>Policy Reference:</b> 504 – Selection, Assignment and Evaluation of Professional Staff	<b>Procedure Code Reference:</b> 504 P 006 – Staffing Process

EXHIBIT

See below for the teacher transfer request form.

**TRANSFER REQUEST FOR SURPLUS DIVISION TEACHERS ONLY**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Present Subjects: \_\_\_\_\_

Subject Specialization (if any) \_\_\_\_\_

Teaching Experience (List most recent first)

School		Subjects and Grades Taught	Years

Co-curricular Activities Past/Present/Future Participation (please indicate past/present/future)

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Special strengths, interests, and extenuating circumstances

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Check  area[s] of interest:    ECS \_\_\_\_\_ Primary \_\_\_\_\_ Upper Elem. \_\_\_\_\_ Jr. High \_\_\_\_\_ Sr. High \_\_\_\_\_

I authorize Human Resources to share the above information with the principals of schools indicated.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

OVER



Schools to which I would like to transfer *(please check)*

- |                          |                                |                          |                               |
|--------------------------|--------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Alexandra Middle School        | <input type="checkbox"/> | Medicine Hat Christian School |
| <input type="checkbox"/> | Connaught School               | <input type="checkbox"/> | Medicine Hat High School      |
| <input type="checkbox"/> | Crescent Heights High School   | <input type="checkbox"/> | River Heights School          |
| <input type="checkbox"/> | Crestwood School               | <input type="checkbox"/> | Riverside School              |
| <input type="checkbox"/> | Dr. Ken Sauer School           | <input type="checkbox"/> | Ross Glen School              |
| <input type="checkbox"/> | Dr. Roy Wilson Learning Centre | <input type="checkbox"/> | Vincent Massey School         |
| <input type="checkbox"/> | Elm Street School              | <input type="checkbox"/> | Herald School                 |
| <input type="checkbox"/> | George Davison School          | <input type="checkbox"/> | Hub / Pathways Program        |

Personal and confidential message regarding the present request.

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