

*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>
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.

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)

Special strengths, interests, and extenuating circumstances

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)



_____ Alexandra Middle School	_____ Medicine Hat Christian School
_____ Connaught School	_____ Medicine Hat High School
_____ Crescent Heights High School	_____ River Heights School
_____ Crestwood School	_____ Riverside School
_____ Dr. Ken Sauer School	_____ Ross Glen School
_____ Dr. Roy Wilson Learning Centre	_____ Southview Community School
_____ Elm Street School	_____ Vincent Massey School
_____ George Davison School	_____ Webster Niblock School
_____ Herald School	_____ Hub / Pathways Program

Personal and confidential message regarding the present request.

