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

EXHIBIT CODE:	504 E 003
Policy Reference: 504 – Selection, Assignment and Evaluation of Professional Staff	Procedure Code Reference: 504 AP 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 (<i>if any</i>)		
Teaching Experience (List most recent first)		
School	Subjects and Grades	Years
	Taught	
Co-curricular Activities Past/Present/Future	Participation (please indicate past/present/futur	re)
Special strengths, interests, and extenuating	g circumstances	
Check ♥ area[s] of interest: ECSP	Primary Upper Elem Jr. High S	r. High
	intendent to share the above information with th	ne principals of schools
indicated.		
Teacher Signature	Date	



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 d confidential message regarding t	he preser	Outreach Program nt request.
	he preser	-

