Voluntary Transfer Acceptance Agreement 2011 - 2012

Section I *To be completed by the Receiving Principal.*

School Name _____ Receiving Principal Name _____ Zone _____

Vacant Position (Grade/Subject)_____ Date _____ Position is: Full Time/Part Time **(circle one)**

Section II *The teacher indicating her/his intent to transfer to the above named position should complete this section.*

Teacher Name: (Print) _____ EIN: _____Current School: _____

Certification Area: _____ Email Address: _____

Your signature below indicates that you have met all requirements necessary for a voluntary transfer for the upcoming school year. You also attest that you are certified in the area that corresponds with the vacant position mentioned above.

Your signature further indicates that you are leaving your current school in good standing. Once you sign below, you are committing yourself to this school and position and will not be allowed to voluntarily transfer to another school/position for this current school year unless the Instructional Staffing Office denies this transfer in accordance with contractual agreements and policies. (This transfer is not complete until the Instructional Staffing Office validates all information.) If approved by the Instructional Staffing Office, all parties (current and former principals and the teacher) requesting the transfer will be notified electronically.

_____   _____   _____   _____
              Teacher Signature   Date   Receiving Principal Signature   Date

Upon completion of Section I & II, the principal may provide a copy of this document to the teacher for her/his records. Section III contains confidential information that, once completed, may not be copied or reproduced.

Section III *To be completed by the Receiving Principal.*

This section is to be completed by the receiving principal and should be disclosed to the Instructional Staffing Office **only**. Your signature on this form indicates that you confirm this is a vacant allocated or purchased position. You also acknowledge that you are placing the teacher named above in her/his area of certification. If you assign a teacher out of her/his area of certification, you confirm that you have received approval from your Area Office.

This position is vacant due to one of the following (circle one): **Resignation   Retirement   Transfer   Termination   New Allocated Position**
Purchased Position (encompassing Title 1 and other grant funded positions -- include costing string and SPAR/PAR number for purchased positions)
_____**Other** (please explain) _____

The person who left this position vacant is _____ (Print Name and EIN)
Please fax this form to: The Instructional Staffing Office at 301-952-6476. *Confirmation of receipt will be sent electronically within 5 business days. The status of the transfer will be sent electronically to both principals and the teacher when completed.*
          For HR use only: Notification of Receipt sent ____ Yes _____ date. Transfer Approved ____Yes or ___No _____date. Parties Notified of transfer status date_____

          If transfer denied, indicate reason(s) _____ *Rev 02/11*