

OAKDALE HIGH SCHOOL TEACHER TRANSFER REQUEST FORM

Opens Fall, 2010

For Use By Current FCPS Certificated Personnel ONLY

To the applicant: Please complete this form electronically, save for your records, and email to kim.schaub@fcps.org. Form must be received no later than September 18, 2009. If you wish to withdraw your request, please send a letter to Sally Smith, Department of Human Resources. Normally if a letter is not received and an offer is extended and accepted, the transfer will take place. Address questions regarding the Transfer Process to the Department of Human Resources (301-644-5115).

Name _____
Last First Middle

Home School _____

School Phone # _____ Your Work Phone # _____ Planning Time _____

Home Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Current Assignment _____ Years in present school _____ Years in FCPS _____ Years in other systems _____

Other schools where you have taught _____

Indicate the assignment(s) for which you would like to be considered: (Please check one or both)

I wish to be considered for the **Teaching Position(s)** as listed below:

Subject/grade/position _____ Fully certified? yes no

Subject/grade/position _____ Fully certified? yes no

Subject/grade/position _____ Fully certified? yes no

I wish to be considered for a **Leadership Position(s)**. I understand that I will participate in the planning of Oakdale High School's vision, programming, and policies.

Art Department Chair

Music Department Chair

Athletic Director

Physical Education Department Chair

Career and Technology Education Department Chair

Science Department Chair

English Department Chair

Social Studies Department Chair

Guidance Department Chair

Special Education Department Chair

Math Department Chair

World Languages Department Chair

Employee ID _____

Date _____

DO NOT WRITE BELOW THIS LINE

To the principal: A fully certified teacher applicant who submits a Transfer Request Form must be interviewed.

Date Interview Held _____

Principal Signature _____

Date _____

Applicant Signature _____

Date _____

Transfer Recommended

Transfer Not Recommended

Position _____

Date Offer Made _____

Accepted

Declined