

APPENDIX C

REQUEST FOR TRANSFER (FOPE-CLERICAL)

VOLUNTARY

HARDSHIP*

EMPLOYEE NAME: _____

REQUEST DATE: _____

EMPLOYEE ADDRESS: _____

PERSONNEL NO. _____

CURRENT SCHOOL/DEPARTMENT: _____

PRESENT CLASSIFICATION: _____

I REQUEST A TRANSFER TO THE FOLLOWING LOCATION(S) IN DECENDING ORDER OF PERPERENCE:

	LOCATION NUMBER	LOCATION NAME
1.		
2.		
3.		
4.		
5.		

REASON FOR REQUEST (*Optional for Voluntary*):

*Hardship - travel 20 miles or more one way to work or have a serious medical/personal problem (must be documented).

Employees who request a transfer, within the same job classification as a vacancy, shall be given an interview by the hiring Administrator. See Article 6 of the Collective Bargaining Agreement between the Federation of Public Employees - Clerical (FOPE - Clerical) and The School Board of Broward County, Florida (SBBC).

Employee's Signature

Date

DISTRIBUTION:

Original to Non-Instructional Staffing

Copy to Administrator (**Optional**)

Copy to be retained by Employee

Form #04087A

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