## **Canyons School District**

## Obligatory Transfer Form ELEMENTARY SCHOOL LICENSED EMPLOYEES

Total	Years	of
District	Experi	ence

Name:	Phone Number:		
Email Address:			
Current School:	Current Assignment: Full to		Full time  Part time
License Area(s):	Endorsement(s):		
*Obligatory Transfe	r teachers will be place	ed in positions for which t	hey are qualified*
Grade Preference: 1st Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	_
Elementary School Preference:			
1		3	
2		4	
Middle School Preference: (must ha grade classes)	ve proper licensure to b	pe considered- endorseme	nts are required for 7 <sup>th</sup> and 8 <sup>th</sup>
1		3	
2		4	
TEACHERS, PLEASE NOTE			
<ul> <li>Obligatory Transfer is used to p</li> <li>Transfer Request is the procede</li> </ul>			TE is lost. The Online Licensed pplying for advertised positions.
If Obligatory Transfer educator District.	s decline a position offe	er, they will not be guaran	teed a position in Canyons School
			Date
reacher's Signature			Date
Principal's Signature			

Submit Form to Sally Sansom in HR by March 11<sup>th</sup> at 12:00pm