Canyons School District

OBLIGATORY TRANSFER FORM SECONDARY SCHOOL LICENSED EMPLOYEES

Total Years of			
District Experience			

Name:	Phone Num	Phone Number:	
Email:			
Current School:	Current Assignment:	Full time Part time	
License Area(s):	Endorsements:		
*Obligatory Transfe	er teachers will be placed in positions for which	they are qualified.	
Subject Area Preference:			
1	3		
2	4		
School Preference: Requesting an e	elementary school? Complete an elementary OT form	ı.	
1	3		
2	4		
Extra-Curricular Experience (in o	rder of preference):		
1	3		
2	4		
Are you willing to accept an extra-curri	icular assignment? Yes No		
Expertise and willingness to participate	in an extra-curricular assignment may be factors in t	he selection of transfer teachers.	
*TEACHERS, PLEASE NOTE			
	provide a teaching position in the District when dure that provides educators the opportunity of		
If Obligatory Transfer educator District.	rs decline a position offer, they will not be guara	anteed a position in Canyons School	
Teacher's Signature		Date	
Principal's Signature			

Submit Form to Kim Baker in HR by March 11th at 12:00pm