

## **Human Resource Services**

## **Surplus: Special Transfer Application**

(Certificated Employees)

I hereby apply for a returning transfer to (School)	
for Teacher	
I am applying under the SCTA Agreement, Article 8.4.8, which reads:  "Within a four-year period, teachers who have been declared surplus from a regular position shall have preference in returning to the school from which they have been surplused, providing they file a special transfer application for any vacancy at that school where they were surplused."	
Date:	
Print Name:	
Social Security Number:	
Home Address:	
Home Telephone Number:	
Present Location (School/Site):	
Signature	
For Human Resource Services Use Only: Seniority Date: Date of Involuntary Surplus:	<u>Distribution</u> : Human Resource Services Employee