



# 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: \_\_\_\_\_

Distribution:

Human Resource Services  
Employee