TO:	Dr. Robert Verdi, Assistant Superintendent
FROM:	( Name)
SUBJECT:	Involuntary Transfer
DATE:	
On(Date ar	, I was involuntary transferred by direction of Human Resources ad Year)
From:	(Site), (Grade Level), (Dept)
То:	
	(Site), (Grade Level), (Dept)

As per the Certificated Employee's Collective Bargaining Agreement Article XXI-Transfers, Sec. 5 (f), this transfer shall not operate so as to cause an involuntary transfer more than once in a two (2) year period. Additionally, as per Contract Article XXI, Section 5(g) the teacher who is involuntarily transferred should have the first right to return to the site from which he/she was transferred when an opening occurs.

cc MVEA