

EDR 6

**BELIZE MINISTRY OF EDUCATION
TEACHER TRANSFER FORM
ED. RULE 69 (7) S.I. 87 of 2012**

This form must be completed in **TRIPPLICATE** and forwarded to:

- (a) If Teacher requests transfer, submit to Managing Authority for onward submission to Commission with recommendation.
- (b) If Managing Authority requests transfer, submit to Commission with reasons for request.

A. TEACHERS BIOGRAPHICAL DATA								
Procedures 1 <i>Managing Authority and/or teacher as applicable, fillsout parts A and B of the form.</i> 2 <i>Managing Authority forwards forms to the Teaching Service Commission</i> 3 <i>Managing Authority and Teacher informed of the approval or denial of the request by the Teaching Service Commission</i> 4 <i>Copy of form given to teacher</i>	1. Name <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td align="center">Last Name</td> <td align="center">First Name</td> <td align="center">Middle Name</td> </tr> </table>				Last Name	First Name	Middle Name	
	Last Name	First Name	Middle Name					
	2. School							
	3. District							
	4. Managing Authority							
	5. Teaching Position							
	6. Type of Licence	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td align="center"><input type="checkbox"/></td> <td align="center">Full</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center">Provisional</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center">Special</td> </tr> </table>	<input type="checkbox"/>	Full	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	Special
	<input type="checkbox"/>	Full						
	<input type="checkbox"/>	Provisional						
	<input type="checkbox"/>	Special						
	B. PARTICULARS OF TRANSFER							
	7. NEW SCHOOL							
	DISTRICT							
8. Effective Date of Transfer	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td align="center">D</td> <td align="center">M</td> <td align="center">Y</td> </tr> </table>				D	M	Y	
D	M	Y						
9. Transfer requested by	<input type="checkbox"/> Managing Authority <input type="checkbox"/> Teacher							
10. Reason for the Request								
11. Notice served on	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td align="center"><i>D</i></td> <td align="center"><i>M</i></td> <td align="center"><i>Y</i></td> </tr> </table>				<i>D</i>	<i>M</i>	<i>Y</i>	
<i>D</i>	<i>M</i>	<i>Y</i>						
FOR OFFICE USE								
<i>Teaching Service Commission</i>	13. Date of last transfer	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td align="center"><i>D</i></td> <td align="center"><i>M</i></td> <td align="center"><i>Y</i></td> </tr> </table>				<i>D</i>	<i>M</i>	<i>Y</i>
<i>D</i>	<i>M</i>	<i>Y</i>						
14. Date of prior consultation with MA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td align="center"><i>D</i></td> <td align="center"><i>M</i></td> <td align="center"><i>Y</i></td> </tr> </table>				<i>D</i>	<i>M</i>	<i>Y</i>	
<i>D</i>	<i>M</i>	<i>Y</i>						
<i>Teaching Service Commission</i>	15. Request Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td align="center">D</td> <td align="center">M</td> <td align="center">Y</td> </tr> </table>				D	M	Y	
D	M	Y						

<i>Teaching Service Commission</i>	16. <i>Teaching Service Commission</i> Comments			
	17. Payment of costs by	<input type="checkbox"/> Teacher <input type="checkbox"/> Managing Authority <input type="checkbox"/> MOEY		
	18. Duplicate copy forwarded to Managing Authority			
	Signature	D	M	Y
<i>Teaching Service Commission</i>	19. Triplicate copy forwarded to Teacher			
	Comments: Signature			
		D	M	Y