

**REQUEST FOR INCOMPATIBILITY TRANSFER
AND RECORD OF CONFERENCE**

Date _____

Teacher _____ Grade/Subject _____

School _____

Did the teacher confer with you about the request? ___Yes ___No

Teacher's stated reason(s) for request (be specific).

Suggested alternatives made by principal.

Principal's Signature Date

_____ I agree that the above accurately reflects the conference requesting transfer.

_____ I wish to add the statements below.

_____ I do not agree with the statements above for the reasons stated below.

Teacher's Signature Date

**REQUEST FOR INCOMPATIBILITY TRANSFER –
FOR REASON OF INADEQUATE SUPPORT
2ND YEAR TEACHER**
(Teacher completes top portion)

Date _____

Teacher _____ Grade/Subject _____

School _____

Teacher's reasons for requesting transfer based on inadequate support:

(attach additional pages if necessary)

Teacher Signature

Date submitted to: MTEA (fax 259-7801) Attn: Executive Director, MTEA
 MPS (fax 475-8722) Attn: Executive Director, Human Resources

Bottom Portion Completed by Team

Team Conclusions Date:

_____ Inadequate support exists. Teacher transfer granted.

_____ Inadequate support exists. Teacher agrees to try intervention (recommendations attached and provided to teacher and principal)

_____ Adequate support exists. Immediate transfer not granted but teacher may transfer at end of the semester.

Teacher notified on: _____

MPS Representative

MTEA Representative

Higher Education Representative