

MUTUALLY AGREED POSITION SWITCH (MAPS) APPLICATION FORM for 2024-2025

Each of the Teachers identified in the proposed MAPS must complete and sign this form AFTER June 21, 2024 and submit to the Secondary Teaching Office no later than August 29, 2024 (12 noon).

Teacher Name	
Employee Number	
Current School	
Certifications (as per Seniority Verification form)	
Experienced but not Certificated subjects (as per Seniority Verification form)	
Tentative Timetable	
Other Teacher's Name	
Other Teacher's assigned school for 2024/25	
 I must be fully placed as per my contract sta The switch is qualifications-based. The switch is supported by the two Teachers The switch will not be approved without t If the MAPS is approved, the switch will be p Teachers will be changed. The Teachers will 	s involved and the two Principals involved. he agreement of all 4 people. permanent, and the home schools of both

• Teachers will receive feedback upon request when a MAPS is not supported.

Each Teacher must submit their individual form to their Staffing Officer. Once both Teachers have submitted their form, their Staffing Officer will confirm support of the two Principals involved and advise whether the proposed MAPS is approved.

LC1 & LC4 - Nadia D'Ambrosio, nadia.d'ambrosio@tdsb.on.ca LC2 & LC3 - Nicole Cardoso Melo, nicole.cardosomelo@tdsb.on.ca

Teacher Signature:		Date:		
FOR SECONDARY TEACHING OFFICE USE:				
Principal support confirmed? Y/N Staffing Officer:	l Signature:		Date:	