



MUTUALLY AGREED POSITION SWITCH (MAPS) APPLICATION FORM for 2026-2027

Each of the Teachers identified in the proposed MAPS must complete and sign this form **AFTER June 19, 2026** and submit to the Secondary Teaching Office no later than **August 28, 2026 (12 noon)**.

The Teacher identified below has proposed a MAPS:

| | |
|--------------------------------------------------------------------------------|--|
| 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 2026/27 | |

I understand that:

- I must be fully placed as per my contract status before initiating a MAPS
- The switch is qualifications-based.
- The switch is supported by the two Teachers involved and the two Principals involved.
The switch will not be approved without the agreement of all 4 people.
- If the MAPS is approved, the switch will be permanent, and the home schools of both Teachers will be changed. The Teachers will no longer be eligible for pullback.
- 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 - North West & LC1 South West - Nadia D'Ambrosio, nadia.d'ambrosio@tdsb.on.ca

LC2 - North East & LC2 South East - Martyna Adamczyk, martyna.adamczyk@tdsb.on.ca

Teacher Signature: _____ Date: _____

FOR SECONDARY TEACHING OFFICE USE:

Principal support confirmed? Y/N _____
Staffing Officer: _____ Signature: _____ Date: _____