

FORMS

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NOTE: These forms are also located in the appropriate section of the binder. We included a separate section for easy access and copying of the forms.



**APPLICATION COVER SHEET
FOR
FIRST and SECOND POSTINGS
&
POSITIONS OF RESPONSIBILITY POSTINGS**

**SECONDARY TEACHING VACANCIES
2013 - 2014**

Posting # _____

NAME: _____ EMPLOYEE NUMBER: _____

CURRENT SCHOOL: _____

SCHOOL PHONE NUMBER: _____

CURRENT CONTRACT STATUS:

- ☐ 1.0 Full Time
- ☐ 0.5 Part Time (not eligible to apply for POR Postings)

I am enclosing the following required information:

Completed Application Cover Sheet
Up-to-Date Resume
Covering Letter
Certificate of Qualification

Signature

Please ensure all required information is enclosed with your application in order for your application to be given consideration.

Only Secondary regular contract Teachers are eligible to apply for these positions.

EVIDENCE OF “EXPERIENCED BUT NOT CERTIFICATED” TEACHING

Teacher Name: _____
(please print)

School: _____
(please print)

Employee Number: _____
(available on verification form)

Teacher’s Signature: _____

For Additional “Experienced But Not Certificated” subject(s) taught within the
Toronto District School Board in

Semester 2, 2011-2012 (Quad 3 or Quad 4, 2011-2012)

Semester 1, 2012-2013 (Quad 1 or Quad 2, 2012-2013) OR

All year, 2012-2013

which do not appear on the VERIFICATION form. Consult your timetable and
include both the subject code and course name:

NOTE: Please note that Regulation 298 precludes credit under this process in
French, Special Education or in some cases a Technological Education subject.
Even though you may be on a Temporary Letter of Approval for one of these
subjects, you may NOT add that subject to the Experienced section.

Principal’s Name: _____ School: _____

Principal’s Signature: _____

NOTE: A signature must be obtained from the Principal or, if the Principal is
unavailable, a Vice Principal to indicate that the subject was successfully taught at
that TDSB school location. If more than one location is involved, please use a
separate form for each location.

EXTREME GEOGRAPHIC CRITERIA APPLICATION FORM

NAME: _____

EMPLOYEE NUMBER: _____

SCHOOL: _____

NATURE OF CONCERN:

Distance ☐

Other ☐

COMMENTS IN SUPPORT OF THIS APPLICATION:

Please Note:

- Submission of this form does **not** guarantee placement on the Extreme Geographic Criteria List. You will be contacted regarding your placement on the list.
- **Once a placement is found, it is irrevocable**, subject to Pull Back procedures.
- Requests to be removed from the EGC list must be submitted in writing to the Staffing Officers, Employee Services, Secondary Teaching, 5050 Yonge Street, 2nd Floor (Fax number 416-397-3484). Any such request must be received before placement.

We understand that change is difficult, however we encourage you to visit your new school prior to submitting your request to be placed on the EGC list.

Teacher's Signature

Date

Principal's Signature

Date

Please forward to: The Senior Manager, Secondary Teaching Office, fax number 416-397-3484.

Approved: _____ Not Approved: _____

SECONDARY STAFFING AND SURPLUS PROCEDURES

REQUEST FOR AN INCREASE TO A FULL TIME TEACHING ASSIGNMENT

- In order to be considered for the staffing process this form must be submitted by:

**Noon on May 1
to the Senior Manager
Secondary Teaching Office
Fax: 416-397-3484**

- This form must be completed annually.

A. PERSONAL IDENTIFICATION

Teacher Name: _____
Surname Preferred First Name

School: _____ Employee #: _____
(located on employee's pay deposit receipt)

B. REQUEST DETAILS

☐ I am interested in an assignment at any school within the Toronto District School Board.

or

☐ I am interested in an assignment only within the following Area(s):
(Please make sure you check school profiles in the Area(s))

- ☐ Area A
- ☐ Area B
- ☐ Area C
- ☐ Area D

or

☐ I am interested in full time only at the school to which I am currently assigned.

Please note that the more restrictive your request, the less likely the request will be able to be accommodated.

All subjects on the verification document, whether Certificated or Experienced but not Certificated, may be reflected on a Teacher's timetable during the staffing process.

Teacher's Signature: _____ Date: _____

Principal's Acknowledgement of Application: _____ Date: _____



APPLICATION FOR LEAVE OF ABSENCE (FULL TIME or HALF TIME) Secondary Teaching Staff Only

NAME: _____ EMPLOYEE NUMBER: _____

SCHOOL NAME: _____

Please complete Section A or Section B or Section C

SECTION A – FULL TIME, SEMESTERED AND FAMILY MEDICAL LEAVE OF ABSENCE WITHOUT PAY

Commencing: _____ Ending: _____
Day Month Year Day Month Year

If currently on a Leave of Absence, please provide start date of current leave:

Day Month Year

Teachers who change schools for any reason during the staffing process must reapply for a semestered leave of absence with their new principal.

Reason and Details for this request: _____

It is important to be aware of how a leave of absence affects your Employee Benefit coverage, Long Term Disability coverage and/or Pension Plan options. Please read the reverse side of this form for additional information and direct any questions you may have to the appropriate contact numbers provided prior to submitting this form.

SECTION B – HALF TIME ALL YEAR LEAVE OF ABSENCE WITHOUT PAY for the 20____ to 20____ School Year

☐ I am a full time teacher requesting to teach half time all year (alternating days, ½ days all year)

Teachers who change schools for any reason during the staffing process must reapply for a half time leave of absence with their new principal.

It is important to be aware of how a leave of absence affects your Employee Benefit coverage, Long Term Disability coverage and/or Pension Plan options. Please read the reverse side of this form for additional information and direct any questions you may have to the appropriate contact numbers provided prior to submitting this form.

SECTION C – PREGNANCY/PARENTAL/EXTENDED PARENTAL/EXTENSION OF EXTENDED PARENTAL

In accordance with the Pregnancy/Parental Leave provisions of the Employment Standards Act, and/or the Extended Parental Leave provisions of the current Collective Agreement regarding Leaves of Absence, I am applying for:

(DD / MM / YYYY)

(DD / MM / YYYY)

Pregnancy (17 weeks) from _____ to _____ only/and

Parental (35 weeks) from _____ to _____ only/and

Extended Parental from _____ to _____ only/and

Maximum leave for pregnancy/parental is 52 weeks. Teachers are required to submit proof of birth date of the child.

Included with this application is:

☐ Pregnancy Leave – Medical Certificate stating the Expected Birth Date

Or ☐ Parental leave – Proof of Birth Date or a Statement from the Adoption Agency

It is important to be aware of how a leave of absence affects your Employee Benefit coverage, Long Term Disability coverage and/or Pension Plan options. Please read the reverse side of this form for additional information and direct any questions you may have to the appropriate contact numbers provided prior to submitting this form.

Before Signing and Dating, please ensure that Section A or B or C are completed.

Employee Signature

Date

Recommended by:

Principal

Date

Approved by:

Staffing Officer, Secondary Teaching Office

Date

DISTRIBUTION by Employee Services: Employee; Principal; Payroll

RETURN TO: Employee Services, Secondary Teaching, 5050 Yonge Street, 2nd Floor, Route NE-10 or FAX (416) 397-3484

ADDITIONAL INFORMATION FOR LEAVES OF ABSENCE

- Your Leave of Absence **cannot** be processed unless Section A or B or C and all other sections of the Leave of Absence (Full Time or Half Time) are completed.
- All requests for a **full time leave** must be submitted to the Principal by **12 NOON on March 1**.
- Application for a half time leave of absence is subject to the needs of the school and approval of the Principal.
 - All requests for a **half time leave commencing the following school year** must be submitted to the Principal by **12 NOON on March 1**.
 - All Requests for a **half time leave commencing semester two** of the current school year must be submitted to the Principal by **12 NOON on October 15**.
 - Full time teachers requesting a half time leave will automatically return to a full time teaching assignment commencing the following school year unless they apply and are approved for another half time leave of absence.
- If you are approved for a leave of absence while you are enrolled in the T.D.S.B. Four Over Five Plan, the leave year of the Four Over Five Plan will be deferred to the sixth year. Please note that the Four Over Five Plan can only be extended by one year and no further extensions can be made to the Plan. If you have any questions, please contact the Secondary Teaching Records Administrator at (416) 397-3247.
- In accordance with Board Policy, teachers are required to notify their Principal at least two (2) weeks prior to the date of the expected return.
- To return early from a pregnancy/parental leave, teachers are required to provide their Principal with at least four (4) weeks notice, in writing, prior to the date of the expected return.
- To rescind an approved leave of absence a request must be submitted in writing to the appropriate Staffing Officer, Secondary Teaching Office, with a copy to the Principal. **Requests to rescind an approved leave of absence are not automatically granted.** Please contact your Staffing Officer for details.

Employee Benefit Coverage

Employees who are covered through the Board's Insured Employee Benefit Plans prior to the start of a leave, are eligible to continue coverage during the leave period. The monthly cost of retaining benefit coverage during a Pregnancy and/or Parental Leave is the same as if the employee were actively at work. For all other leaves, the teacher must pay the full cost to maintain employee benefits.

Employees who are covered through the Boards' Insured Employee Benefit Plans and where the request to teach **half time all year** has been approved, will have their benefit cost sharing arrangement adjusted accordingly. If opting out of benefits during this type of leave, please contact the Employee Benefits Department.

Upon notification of the approval of your leave application, your Benefit/Pension Assistant will send you a Benefit Maintenance Package for completion to determine your choice to continue, suspend or terminate benefits during the length of the leave.

If you have any questions, please contact the Employee Benefits Department at (416) 395-9642.

Long Term Disability Coverage

To obtain information on your long term disability coverage during your leave please contact Teacher's Life directly at (416) 620-1140.

Pension Plan Coverage

The Ontario Teachers' Pension Plan (O.T.P.P.) allows teachers to purchase/contribute to ensure all credited service is counted toward pension payable.

According to O.T.P.P., selecting "Half Time All Year" is considered a voluntary reduction of workload and as such, is non-pensionable – buy back options are not available.

To obtain information on the pension plan during your leave please contact the O.T.P.P. directly at (416) 226-2700 or at www.otpp.com.

College of Teachers

Teachers must maintain their College of Teachers membership. As per Clause 3.16.2.2.0: "When a Teacher is not in receipt of regular earnings in the month in which the Ontario College of Teachers' fee is collected by the Board, the Teacher shall be responsible for making arrangements for payment of the Ontario College of Teachers' fee."

If you have any questions, please contact the Ontario College of Teachers at (416) 961-8800.

Letters of Permission Checklist
Secondary Teaching
(including credit Continuing Education sites)

Name of person to be appointed: _____
(Last Name) (First Name) (Middle Name)

S.I.N.: _____

Division: _____ For Inter/Sr: _____
Subject Area/Course Code

Principal: _____ School: _____

- ☐ The Board has publicly advertised at least 3 times and one advertisement was placed within 30 days of proposed employment start date.
- ☐ 7 days have passed since date of final advertisement.
- ☐ The request does not exceed one year and does not extend beyond the end of the school year.
- ☐ The period begins after the end of a school year and ends before the beginning of the next school year (applies to Continuing Education and contract positions).
- ☐ No qualified Teacher has applied or accepted the position.
- ☐ For Technological Education the principal has verified related experience.
- ☐ The Staffing Officer or Continuing Education Principal has granted Permission to Hire.

This form should be returned along with:

- a) a complete resume for the applicant including copies of any post secondary certification or training applicable to the job.
- b) The names of the checked referees.
- c) The timetable by subject code to which the Teacher will be assigned.
- d) Permission to hire form (for contract jobs only).

Please be sure applicants understand the timetable and timeline of this certification and that they begin to teach only after confirmation from Employee Services.

MUTUAL CONSENT FORM FOR E-LEARNING SECONDARY TEACHING 2013 - 2014

In order to make an informed decision, the Teacher must be given a reasonable amount of time in order to avail him or herself of the option of consulting with a school administrator, a Board staffing officer and/or an OSSTF District 12 executive representative. **All parties should understand that this is a confidential process.**

I _____ have offered _____
(Principal) (Teacher)

the below-named course through e-Learning in accordance with the principles, rules and guidelines as set out in the Secondary Staffing Binder for the school year 2013-2014.

I am **CERTIFICATED** for and willing to teach the following subjects through e-Learning (refer to the document entitled "TDSB Secondary Certification/Subject Codes 2013"):

of Sections/Course Code/Grade _____

I am **EXPERIENCED BUT NOT CERTIFICATED** (as indicated on my seniority verification form) and I am willing to teach the following subjects through e-Learning (refer to the document entitled "TDSB Secondary Certification/Subject Codes 2013"):

of Sections/Course Code/Grade _____

I _____ consent to teach the above-noted teaching assignment(s) through e-Learning during the school year 2013-2014.

Teacher's Signature

Date

School

Principal's Signature

Date

MUTUAL CONSENT FORM FOR UNCERTIFIED SUBJECT

SECONDARY TEACHING

In order to make an informed decision, the Teacher must be given a reasonable amount of time in order to avail him or herself of the option of consulting with a school administrator, a Board staffing officer and/or an OSSTF District 12 executive representative. **All parties should understand that this is a confidential process.**

I _____ have offered _____
(Principal) (Teacher)

the below-named course in accordance with the principles, rules and guidelines as set out in the Secondary Staffing Binder, and in accordance with Regulation 298 of the Education Act of Ontario for the school year 2013-2014.

COURSE NAME & CODE/NUMBER OF SECTIONS:

I _____ consent to teach the above-noted teaching assignment during the school year 2013-2014, despite not holding the qualification in accordance with Regulation 298 of the Ontario Education Act.

I understand that in order to have this experience recognized in future staffing and surplus processes, upon successful completion of teaching of this course I must add the appropriate course code to the next available Seniority Verification Form under the Experienced but not certificated section, in order for the principal to verify it.

Teacher's Signature

Date

School

Principal's Signature

Date

MUTUAL CONSENT FORM WORKLOAD ACCORD ISSUES SECONDARY TEACHING

In order to make an informed decision, the Teacher must be given a reasonable amount of time in order to avail him or herself of the option of consulting with a school administrator, a Board staffing officer and/or an OSSTF District 12 executive representative. **All parties should understand that this is a confidential process.**

PART A – EXCESS OF MAXIMUM PUPIL TEACHER CONTACT

I _____ consent to teach in excess of the maximum of 180 Pupil Teacher Contacts (prorated for part time teachers) for the 2013-2014 school year.

OR

PART B – EXCESS OF MAXIMUM HALF CREDITS

I _____ consent to teach in excess of the maximum of 6 half credits for the 2013-2014 school year.

OR

PART C – UNBALANCED WORKLOAD

I _____ consent to teach an unbalanced workload for the 2013-2014 school year.

Teacher's Signature

Date

School

Principal's Signature

Date

MUTUALLY AGREED POSITION SWITCH (M.A.P.S.) for 2013/2014

Each of the Teachers identified in the proposed M.A.P.S. must complete and sign this form **AFTER June 10, 2013** and submit to the Secondary Teaching Office no later than **August 29, 2013**.

The Teacher identified below has proposed a M.A.P.S.:

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 2013/14	

I understand that:

- I must be fully placed as per my contract status before initiating a M.A.P.S.
- The switch is qualifications-based.
- The switch is supported by both Teachers involved and the two Principals involved. **The switch will not be approved without the agreement of all 4 people.**
- Once 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.

Each Teacher must submit their form to the Secondary Teaching Office (fax 416-397-3484). Once both Teachers have submitted their form, the Secondary Teaching Office will confirm support of the two Principals involved, and advise whether the proposed M.A.P.S. is approved.

Teacher signature: _____ Date: _____

FOR SECONDARY TEACHING OFFICE USE:

Principal support confirmed? Y/N _____

Staffing Officer: _____ Signature: _____ Date: _____

PLACEMENT REVIEW APPLICATION FORM

NAME: _____

EMPLOYEE NUMBER: _____

SCHOOL: _____

RATIONALE FOR REQUEST:

Please Note:

- Submission of this form does **not** guarantee placement on the ***Placements to be Reviewed*** List. You will be contacted regarding your placement on the list.
- **Once a placement is found, this becomes the Teacher's home school**, subject to Pull Back procedures.
- Requests to be removed from the ***Placements to be Reviewed*** list must be submitted in writing to the Staffing Officers, Employee Services, Secondary Teaching, 5050 Yonge Street, 2nd Floor (Fax number 416-397-3484). Any such request must be received before placement.

We understand that change is difficult, however we encourage you to visit your new school prior to submitting your request to be placed on the Placements to be Reviewed list.

Teacher's Signature

Date

**Please forward to: Staffing Officers, Secondary Teaching Office, fax number
416-397-3484.**

Approved: _____ Not Approved: _____

**APPLICATION TO THE SECONDARY TEACHERS
QUALIFICATIONS REVIEW COMMITTEE**

Deadline: Noon
February 6, 2013

Name: _____ School: _____

I am applying to have the following subject(s) listed on my Certificate of Qualification set aside from consideration for staffing/surplus procedures only: _____

Please attach a copy of your Certificate of Qualification and any appropriate documentation to support this application.

The reasons for this application are as follows:

According to the College of Teachers, neither a Board nor a Teacher nor the College itself can remove a subject(s) from a Teacher's Certificate of Qualification. The Secondary Teachers Qualifications Review Committee has been established to provide Teachers in very extraordinary circumstances an opportunity to have specific subject(s) set aside from consideration for staffing/surplus procedures only. Setting aside a subject(s) from a Certificate of Qualification reduces the number of teaching positions available to the Teacher and could result in the Teacher being surplus to the Board.

Teachers contemplating such an application should seek advice and counsel from OSSTF about potential consequences of this action.

We have discussed this application.

(Teacher's Signature)

(Principal's Signature)

Return to: Senior Manager, Secondary Teaching Office
5050 Yonge Street, 2nd Floor, Route NE-10 FAX #416-397-3482

You will be contacted with the decision in writing by Employee Services prior to the start of the school staffing process.

FOR COMMITTEE USE ONLY:

Secondary Teachers' Qualifications Review Committee Decision

Approved _____ Not Approved _____

SECONDARY STAFFING AND SURPLUS PROCEDURES 2013-2014 SCHOOL YEAR

PART I – SUMMARY PART II – SURPLUS DECLARATION PART III – VACANCY DECLARATION

Principals are requested to:

- Retain one copy of each page for the school's records
- Provide one copy of each page to the Branch President (including any NIL reports)
- Fax one copy to:

Bonnie Sheehan, Staffing/Seniority Analyst
Secondary Teaching Office
Fax: 416-397-3484

NO LATER THAN 12:00 NOON ON April 4, 2013

PART I - Summary of School Staff Including Declared School Surplus and Vacancies

School Name

Principal's Name (please print)

Principal's Signature

Date

Number of F.T.E. School Surplus for 2013-2014(Part II)	
School Allocation F.T.E. 2013-2014	
Number of F.T.E. Teachers Timetabled for 2013-2014	
Number of F.T.E. Vacancies for 2013-2014 (Part III)	

Note: This summary must balance with the information on Part II and Part III and the timetable file submitted.

*** Junior High Schools – please submit secondary staffing data only.**

SECONDARY STAFFING AND SURPLUS PROCEDURES 2013-2014 SCHOOL YEAR

Part II – Declaration of School Surplus

Note:

- Please list all surplus Teachers in seniority order (most senior listed first).
- All schools must submit a Surplus Declaration Form; if no school surplus is declared, please mark “nil” and forward the report.
- For “FTE Status”, list the individual Teacher’s **permanent status**. For example, a full time Teacher temporarily reducing to a half time assignment for a school year would be listed as 1.0. A part time Teacher would be listed as 0.5.
- For “FTE Surplus”, please note Teachers who are .5 surplus and .5 placed.
- Since Long Term Occasional teaching assignments are filled under a different Collective Agreement, such assignments do not alter a part time Teacher’s FTE status.

School Name

Seniority No.	Teacher Name (surname first)	FTE Status	FTE Surplus

Information on submission of this form, including timelines, can be found on Part I.

SECONDARY STAFFING AND SURPLUS PROCEDURES

2013-2014 SCHOOL YEAR

Part III – Declaration of School Vacancies

- This declaration form is intended to be used only for the April 4, 2013 report.
- All schools must submit a Vacancy Declaration Form; if no vacancies exist, please mark “nil” and forward the report.
- Repeat this page for additional vacancies if necessary.

SCHOOL NAME: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION WHERE APPLICABLE:

- If Credit Recovery (RCR) is on the timetable, please identify the related subject(s).
- If IDC is on the timetable, please identify the related subject(s).
- If French Immersion or Extended French, please identify.
- If PHE, please identify if Male, Female, or Co-Ed.
- If K-courses, identify if Special Education or Subject certification is required.
- Identify if this is a combination timetable, i.e. both semestered and non-semestered sections
- Any other important information.

Status: ☐ Full-time ☐ Half-time ☐ Sem 1 ☐ Alt. Days/☐ All Year
☐ Sem 2 ☐ Alt. Days/☐ All Year

	# Sections	Subject Code	Grade	Level	Additional Information
EXAMPLE	2	SCH	4	U	French Immersion

Status: ☐ **Full-time** ☐ **Half-time** ☐ **Sem 1** ☐ **Alt. Days/** ☐ **All Year**
☐ **Sem 2** ☐ **Alt. Days/** ☐ **All Year**

	# Sections	Subject Code	Grade	Level	Additional Information
EXAMPLE	1	PPL	2	O	Female PHE

April 18, 2013

<NAME>
<ADDRESS>

Dear <FIRST NAME>:

I am advising you, with regret, that at this time you are surplus to the staffing needs of <SCHOOL NAME> for the school year 2013-2014.

I wish to assure you that every effort will be made to find you a secondary school teaching position in a secondary school or a junior high school in the Toronto District School Board, in accordance with the provisions of the secondary Teachers' Collective Agreement. Over the next several weeks, we expect circumstances will create additional vacancies.

On June 10, 2013 you will be notified whether:

you are pulled back to the school, or

you remain surplus to the staffing needs of this school, but have been tentatively assigned to a position in another secondary school or junior high school within the Toronto District School Board, or

you are tentatively surplus to the needs of the Toronto District School Board and every effort will be made to continue to look for a secondary teaching position for you in the Toronto District School Board.

In our conversation today, I stated my willingness to talk to you about any questions you might have and I want to emphasize that willingness in writing.

Yours sincerely,

<PRINCIPAL'S NAME>

pc Principal, <SCHOOL NAME>
 Staffing Officer

SECONDARY STAFFING AND SURPLUS PROCEDURES

TRANSFER FORM

A. PERSONAL INFORMATION

TEACHER NAME: _____
Surname Preferred First Name

SCHOOL: _____ EMPLOYEE #: _____
(located on employee's pay deposit receipt)

TRANSFER FOR THE SCHOOL YEAR: _____

B. TRANSFER REQUEST (Location)

- Note:**
- Select **EITHER** B-1 OR B-2. **Completion of both sections will invalidate this form.**
 - Restrictions on a transfer request reduce the opportunities for mobility.
 - *Please make sure you check the profiles of the schools in the Areas.*

B-1 I request to be transferred as indicated below:

Please circle one or more Areas. **Up to four (4) schools** in each Area may be excluded.

AREA A Excluding

1. _____ 3. _____
2. _____ 4. _____

AREA B Excluding

1. _____ 3. _____
2. _____ 4. _____

AREA C Excluding

1. _____ 3. _____
2. _____ 4. _____

AREA D Excluding

1. _____ 3. _____
2. _____ 4. _____

B-2 I request to be transferred to the following schools **ONLY** (list a maximum of ten):

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

C. TRANSFER REQUEST (Timetable)

I am **CERTIFICATED** for and willing to be transferred into subjects that are listed under the following Certification Codes (refer to the document entitled "TDSB Secondary Certification/Subject Codes 2013"). For each Certification Code listed check as many boxes as appropriate.

Certification Codes	Intermediate (Grades 7/8/9/10)	Senior (Grades 11/12)	ESL Sensitive	Special Education Sensitive
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If 'RSE' Special Education is listed above, please specify from among the following:

- ☐ Behavioural/Adjustment ☐ Learning Disability ☐ Gifted ☐ Section 23 (TDSS)
☐ Multiple Exceptionalities ☐ Physically Handicapped ☐ Developmental Disability
☐ Autism ☐ Mild Intellectual Disability (MID) ☐ Other: _____

I am **EXPERIENCED BUT NOT CERTIFICATED** (as indicated on my seniority verification form) and I am willing to be transferred into the following:

Certification or Subject Code(s)	Intermediate (Grades 7/8/9/10)	Senior (Grades 11/12)	ESL Sensitive	Special Education Sensitive
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional area(s) into which I am willing to be transferred:

- ☐ Student Success ☐ Credit Recovery ☐ e-Learning

D. DECLARATIONS

I have read the Transfer Guidelines and understand the conditions under which I am requesting a transfer.

Teacher's Signature: _____ Date: _____

I have discussed with the above-named Teacher this transfer form.

Principal's Signature: _____ Date: _____

NOTE: Deadline to rescind form is: **May 21, 2013 (Noon)**

The transfer request cannot be rescinded once it has been granted.

PLEASE FAX TO:
Senior Manager, Secondary Teaching Office
Fax: 416-397-3484
BY NOON on March 1

GUIDELINES FOR SECONDARY TEACHERS REQUESTING TRANSFERS

PART A: Completion of Form

1. The Transfer Procedures state that Geographic requests if indicated and teaching assignment requests will be considered and **both must match for the transfer to occur.**

Please note that the more restrictive your request, the less likely the transfer will be able to be accommodated.

For example:

- A Teacher who lists only 5 schools as possible placements may miss out on being placed in a nearby school with an ideal timetable.
- A Teacher who lists only "Senior MAT" under subjects may miss out on being placed in a timetable in a desired school because the timetable included a combination of Intermediate MAT as well as Senior MAT.
- Be specific, do not state "HIS" if you also want to be considered for HXE; you must state both if you are willing to teach either subject. Likewise, do not state "ENG" if you also want to be considered for EMD; you must state both if you are willing to teach either subject.

PART B: Process

1. Teachers requesting a transfer must complete the Secondary Staffing Transfer Form and return it to the Principal **not later than noon on March 1, 2013.**

(A map identifying school locations and a list of schools in each Area indicating which schools are semestered or full year is available in each school office. The web site to access school profiles is www.tdsb.on.ca)

2. Teachers who have been granted a leave of absence without pay for the 2013/2014 school year are not eligible to apply for a transfer for the 2013/2014 staffing process.
3. All other Teachers, including probationary Teachers may apply for transfer across the TDSB. However:
 - Teachers who have received a Summative Report that has a rating of "unsatisfactory" and who have not yet completed the next appraisal process by the deadline date for transfer requests, will not be considered for transfer at this time;
 - Teachers who have received a Summative Report that has a rating of unsatisfactory but who, in the next appraisal process received a satisfactory rating, will be considered for transfer at this time;
 - Teachers cannot apply for a transfer to their home school.
4. Applications for transfer will be considered prior to the placement of surplus Teachers, in accordance with the provisions of the Collective Agreement.

5. (a) All transfer requests will be considered but may not be able to be accommodated.
- (b) Teachers who are declared surplus to school will have their transfer requests put on hold until they are “pulled back” to their home school or placed in the staffing process.
- (c) Teachers who submitted a transfer request but who are successful in obtaining a position in another school through the first posting process (May 1 to May 7) will be deemed to have withdrawn their transfer request.
6. **The procedures for dealing with transfer requests are outlined in the secondary staffing binder section entitled “Transfer Procedures” which will be available in the schools in mid-February.**
7. This transfer request may be withdrawn by notifying Bonnie Sheehan, Seniority/Staffing Analyst, Secondary Teaching. This notification may be sent by mail or by e-mail (bonnie.sheehan@tdsb.on.ca). These requests must be received **no later than noon May 21, 2013.**
8. All transfer requests are subject to surplus procedures and timetable adjustments. If a timetable adjustment is necessary, the majority of the original subjects on the timetable will be maintained.
9. When a subject appears under “Experienced But Not Certificated” a Teacher may reasonably expect that this subject can be timetabled. For staffing purposes, a Teacher is considered to have consented to teach any subject listed in this section.
10. Teachers will be informed if their transfer has been granted on June 10.
11. There is nothing in these procedures that prevents qualified Teachers from also applying for any position that is posted.
12. Questions about the process should be directed to any of the following:
- Linda Brewer, Staffing Officer: Areas A & B (416-397-3255)
e-mail: lynda.brewer@tdsb.on.ca
 - Sandi Tierney, Staffing Officer: Areas C & D (416-397-3251)
e-mail: sandi.tierney@tdsb.on.ca

District 12 - OSSTF:

- Suzanne Turcotte, Vice-President:
(416-393-8900 Ext. 239) e-mail: sturcotte@osstfd12.com
- Angie Romo, Executive Officer
(416-393-8900 Ext. 222) e-mail: aromo@osstfd12.com
- Mike Platt, Executive Officer
(416-393-8900 Ext. 244) e-mail: mplatt@osstfd12.com
- Roger Langen, Executive Officer
(416-393-8900 Ext. 237) e-mail: rlangen@osstfd12.com
- Lisa Black-Meddings, Executive Officer
(416-393-8900 Ext. 235) e-mail: lblack-meddings@osstfd12.com