Supporting Services Involuntary Transfer Request

(USE FOR ALL SUPPORTING SERVICES REQUESTS EXCEPT PARAEDUCATORS)

Office of Human Resources
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20855

MCPS Form 425-9
March 2009

INSTRUCTIONS: TO BE COMPLETED BY THE PRINCIPAL. Using the form below, list the supporting services staff, with the exception of paraeducators who use 425-9A, you are recommending to be involuntarily transferred.

By clicking on **SUBMIT** at the top of this form, it will be attached to an e-mail, addressed to the coordinator, Supporting Services Team, and electronically delivered after clicking **SEND**.

Principal _____

Number of FTEs _____ All Current School Year _____ Next School Year _____ Number of FTEs to be Involuntarily Transferred _____

School Name:	**Grade Level/Subject Area/Division or Unit:**					
List only those employees being involuntarily transferred. Please include ID numbers as well as listing employees from most senior to least senior on the form.	Employee ID # for those recommended for involuntary transfer	Number of Hours Work/ Pay Period	Balanced Staffing Consideration (Race & Gender)	Length of Continuous MCPS Service (Yrs. & Mos.)	Present Assignment	Paraprofessional Education level: HS; 30 credits, 60 credits, BS

DISTRIBUTION: COPY 1/Coordinator, Supporting Services Team (electronically); COPY 2/Community Superintendent