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Director of HR  
Director of Teaching/Learning  
Affected Administrators

**ISD 877**  
Buffalo-Hanover-Montrose  
Form #451  
Revised: 3/20/2008

## **REQUEST FOR CHANGE OF ASSIGNMENT**

Name:

Date:

CURRENT ASSIGNMENT:

SCHOOL:

GRADE LEVEL/SUBJECT AREA:

DESIRED ASSIGNMENT:

SCHOOL:

GRADE LEVEL/SUBJECT AREA:

What grade level and subject area does your Minnesota Teaching License include?

Describe what advantage you see in each of the following as a result of such a change in assignment?

A. Advantage to the education program:

B. Advantage to the district program:

C. Advantage to yourself:

What co-curricular interests and abilities do you have? Include any activities that you are now responsible for:

What other comments do you wish to make regarding your request for voluntary transfer:

Staff Member Signature: