

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
REQUEST FOR HARDSHIP TRANSFER (BTU-ESP) – ARTICLE 13 (G-1)**

Hardship Transfer is defined as an employee traveling 20 miles or more one way to work or having a serious medical and/or personal problem (must be documented).

EMPLOYEE NAME:

REQUEST DATE:

EMPLOYEE  
ADDRESS:

PERSONNEL NO:

CURRENT  
SCHOOL/DEPARTMENT:

PRESENT JOB CLASSIFICATION:

**REASON FOR HARDSHIP TRANSFER REQUEST (*Must be documented*):**

***An employee may request only one hardship transfer within a fiscal year. Hardship transfer applications shall expire at the conclusion of the fiscal year in which it was submitted. An employee who meets the “Hardship” definition will be placed in a vacant position.***

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

- DISTRIBUTION:**  
Original: Talent Acquisition & Operations (NI)  
Employee & Labor Relations  
Copy to Administrator (**Optional**)  
Copy Retained Employee