

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
REQUEST FOR HARDSHIP TRANSFER (BTU-TSP)**

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

EMPLOYEE NAME: _____ REQUEST DATE: _____

EMPLOYEE ADDRESS: _____ PERSONNEL NO. _____

CURRENT SCHOOL/ DEPARTMENT: _____

PRESENT CLASSIFICATION: _____

I REQUEST A TRANSFER TO THE FOLLOWING LOCATION(S) IN DESCENDING ORDER OF PREFERENCE:

LOCATION NUMBER	LOCATION NAME
1.	
2.	
3.	
4.	
5.	

REASON FOR REQUEST:

An employee who meets the “hardship” definition will be guaranteed an interview for a Board-determined vacancy at any of the work locations that the employee has selected. a

Employee’s Signature

Date

DISTRIBUTION:
Original to (Talent Acquisition & Operations (Non-Instructional)
Copy to Administrator **(Optional)**
Copy to be retained by Employee

Form #4075
NEW – Employee & Labor Relations