

**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.

Employee's Signature

Date

DISTRIBUTION:

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