

REQUEST FOR FUTURE TEACHING ASSIGNMENT
DUE TO SCHOOL CLOSURE

Last Name: _____ First Name: _____ Date: _____

Current Teaching Assignment:

School: _____ Grade/Department: _____ FTE _____

Requested school in order of preference:	1. _____ 2. _____ 3. _____
Requested teaching assignment grade/department, in order of preference:	1. _____ 2. _____ 3. _____

I understand this request will be considered and all placements will be made according to the Professional Agreement between Brighton Area Schools and the Brighton Education Association.

Signature

Date

This Form must be completed and sent to the BEA C/O Barry Goode at BHS, by April 1st.

Distribution: Human Resources/Principals/Association