

# PREFERENCE FORM

Valid for use with Reassignment Posting Rounds #1 and #2 ONLY

as per

Memorandum of Agreement with SD No. 27, CCTA, BCTF, and BCPSEA January 27, 2011

**\*\*\*Please complete only ONE form for each round of postings i.e. application for five postings includes only ONE preference form, attach additional sheets if more than 10 postings are listed.**

Employee Name: \_\_\_\_\_

Current Worksite: \_\_\_\_\_

Contact Telephone #1: \_\_\_\_\_ Contact Telephone #2: \_\_\_\_\_

Preference	Posting Number	Posting FTE	Posting Location
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date