

South Central Conference
Office of Education

K-12 INTENT TO TEACH FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

This is to indicate my intentions for the 20____ - 20____ school year.

Please check one:

___ I would like to remain in my present position.

___ I would like to transfer **if approved**. Please indicate preference in order:

1. _____

2. _____

3. _____

___ I will be retiring from South Central Conference employment. Effective:

(Date) _____

___ I plan to resign from employment with the South Central Conference and will not return for the upcoming school year effective June 30th of the this year.

Signature

Date

**Please complete this form and return to the Office of Education by
January 5, 20__.**

Mail to: Office of Education * South Central Conference * P. O. Box 78767
Nashville, TN 37207-8767
or fax to: (615) 227-6168