



2008 Teacher Transition Award Program Declaration to Participate

Please note that the submission of this declaration is binding and will be executed as long as you are proven eligible and funds are available. All forms should be hand delivered to the DCPS Human Resource Office at 825 North Capitol Street 6th floor or faxed to 202-442-5315 or 202-442-5316. If you have any questions please call 202-442-4090. Declarations will be accepted **until 5pm on Friday, April 25.**

Name _____
Last First Middle Initial

Social Security Number _____

Current Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Alternate Phone (_____) _____

Current School _____ Job Title _____

Grade Level _____ Subject Area _____

Salary Grade _____ Salary Step _____

Circle One: Resignation

Retirement (Request for Retirement Compensation Form must accompany this form.)

Estimated years of Service (to be verified by DCPS HR) _____

Signature _____ Date _____

For Official Use Only

Date Received

Time Received

HR Representative