

Date: _____

To: Department of Human Resources (*c/o School Partner*) _____

From: (*Principal Name*): _____

Re: Notification of Transfer to a Mutual Consent Assignment

Please be advised that (**teacher name**): _____ has transitioned into a mutual consent assignment as a (**position title**): _____ at (**school name**): _____ effective: (**effective date**): _____

Principal: _____

Teacher: _____

Cc. (**teacher**): _____

(DCTA Executive Director):Ccrowder@coloradoea.org