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# **Specialist Teacher Outreach Service: Staffing Transfer Form**

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| Information about this agreementThis form covers students funded through Ongoing Resourcing Scheme (ORS) who receive the Specialist Teacher Outreach Service. It is to be used by boards transferring ORS staffing and ORS management staffing to a Specialist Teacher Outreach Service provider school for each student receiving the Outreach Service.As the enrolling school, the lender school keeps all other resourcing components generated by the student, including curriculum staffing, management staffing, salary units, and senior and middle management allowances. The lender school also keeps its weighting for ORS students that helps determine the principal’s grading roll.  |
| School details  |
| Lender school name |   | School no. |   |
| Recipient school name |   | School no. |   |
| New or updated agreement  |[ ]  Cancel or end agreement |[ ]
| ORS High student names (0.10 FTTE) | **ORS Very High students names (0.20 FTTE)** |
|   |   |
|   |   |
|   |   |
|   |   |
| Calculating the staffing transfer (Rounded up to 2 decimal places)  |
| Step 1 |  |
|  Step 2 |  |
| Step 3 |  |
| Total staffing transfer (FTTE 2 d.p) | **Agreement start date** | **\* Agreement end date** |
|   |   |   |
| Terms and conditions of this agreement1. A new form must be completed and signed every time ORS students receiving the Outreach Service change. Only one staffing transfer agreement between your schools for the Specialist Teacher Outreach Service can be in place at any one time. This new staffing transfer agreement replaces any previous arrangement.
2. The parties agree to send a signed copy of this agreement to resourcing@education.govt.nz.
3. Any changes to this agreement during the year that may affect the redeployment of teachers will be a charge against the boards of the schools involved.
4. In the event of any disagreement, the parties agree to consult with the Ministry.

\* Agreements without a specified end date will be ended after one year.  |
| CertificationI certify that I have checked the information on this form, to the best of my knowledge, is true and correct in every particular.  |
| Lender Principal / Chairperson name |   |
| Lender signature |   | Date  |   |
| Recipient Principal / Chairperson name |   |
| Recipient signature |   | Date |   |