

FOR UNIVERSITY/COLLEGE CREDITS ONLY TEACHER RECLASSIFICATION/UPDATE ONLY/CERTIFICATION/OTHER

REQUEST FORM

DOE OTM 200-005 Last Revised: 09/03/2021 Former DOE Form(s): 201 DEPARTMENT OF EDUCATION Office of Talent Management Reclassification Unit P.O. Box 2360 Honolulu, HI 96804

NOTE: RECLASSIFICATION UNIT WILL PROCESS EACH REQUEST FOR RECLASSIFICATION/UPDATE ONLY TO THE <u>EXTENT POSSIBLE AT THE TIME OF REQUEST</u>. IF APPLICABLE, PLEASE SUBMIT VERIFYING LEGIBLE AND OFFICIAL DOCUMENTATION WITH THIS FORM. ANY ADDITIONAL DOCUMENTS AND/OR TRANSCRIPTS SUBMITTED AFTER THE INITIAL REQUEST FOR RECLASSIFICATION/UPDATE ONLY HAS BEEN COMPLETE <u>WILL BE PROCESSED AS A NEW REQUEST</u>.

I. EMPLOYEE INFORM	MATION					
Name:			Employee ID:			
Last	First	M.I.				
School:		_	District:			
II. TYPE OF REQUEST						
Reclassification*			Certification:	Ot	her; please explain:	
Teacher (SATEP**): Class FromToToTo				e		
Teacher (NO SATEP**): Class From To						
Update Only						
* Must meet Department's Teacher Reclassification guidelines to move class						
** SATEP - State Approved Teacher Education Program						
III. COURSEWORK: When submitting a request for <u>Reclassification/Update Only</u> , please list the completed academic credits taken at a university/college that were approved by your principal. An <u>Official Transcript</u> containing the courses submitted must accompany their request for Reclassification/Update Only.						
Course			To be completed by Teache	r	University/College	
Alpha & No.	Course Title			Semester Credits	University/College	Semester/Year
1						
IV. AUTHORIZATION						
I have verified that the "academic credits" meet the Department's current teacher reclassification guidelines and my principal approved the above courses prior to enrollment.						
***Teacher Signature:						
				М	M/DD/YYYY	
I have confirmed that the "academic credits" meet the Department's current teacher reclassification guidelines and the courses were approved by me prior to the teacher's enrollment.						
***Print Principal Name:						
***Principal Signature:						
***Without proper signatures above, this form will be returned with no action taken.					IM/DD/YYYY	
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