

RIS/RIF RIGHT TO RETURN FORM

If a position for which you are qualified opens at your same school location during the transfer window through August 1, 2024, do you want to be contacted for an opportunity to accept the open position?

_____ **NO**, I do not want to return to my present school location.

_____ **YES**, I want to return if a position for which I am qualified becomes available prior to the New Teacher Induction. I authorize the principal to contact me as follows and I understand I have 48 hours to respond. I understand if I decline an offered position, I am unable to continue my contract working as a substitute.

Contact One

Contact Two

If I am unable to secure another position during the transfer window, I elect to work in a substitute position next year for my same pay and benefits.

_____ **NO**, I do not want to return to substitute.

_____ **YES**, I want the opportunity to substitute each day of the 2024-25 school year.

Your signature indicates you received the RIS/RIF Notification Letter and Right to Return Form.

Name (Print)

Signature

Date

Current School Location

Please sign and make three (3) copies - distribute them as follows:

- **1 copy for the employee,**
- **retain a copy at the school, including contact information**
- **return the original signed pages to the HR Department**