



**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 EXTENT POSSIBLE AT THE TIME OF REQUEST. 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 WILL BE PROCESSED AS A NEW REQUEST.**

I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

LastFirstM.I.

School: \_\_\_\_\_District: \_\_\_\_\_

II. TYPE OF REQUEST

☐ Reclassification\*

☐ Teacher (SATEP\*\*): Class From \_\_\_\_\_ To \_\_\_\_\_

☐ Teacher (NO SATEP\*\*): Class From \_\_\_\_\_ To \_\_\_\_\_

☐ Update Only

\* Must meet Department's Teacher Reclassification guidelines to move class

\*\* SATEP - State Approved Teacher Education Program

☐ Certification:

☐ Driver Education Certificate

☐ Other; please explain:

III. COURSEWORK: When submitting a request for Reclassification/Update Only, please list the completed academic credits taken at a university/college that were approved by your principal. An Official Transcript containing the courses submitted must accompany their request for Reclassification/Update Only.

To be completed by Teacher

Course Alpha & No.	Course Title	Semester Credits	University/College	Semester/Year

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: \_\_\_\_\_

MM/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: \_\_\_\_\_

MM/DD/YYYY

\*\*\*Without proper signatures above, this form will be returned with no action taken.

Distribution: Original - OTM, Reclassification Unit

(Page 1 of 1)