

GENERAL FORM TRANSMITTAL SHEET – TEACHER EMPLOYMENT

(SEE CHAPTER 2, SECTION 1, OF OAH RULES)

TO: OFFICE OF ADMINISTRATIVE HEARINGS DATE: _____

FROM: _____
(SCHOOL DISTRICT)

IF ANY OF THE REQUESTED INFORMATION IS UNKNOWN PLEASE INDICATE THE SAME
PLEASE IDENTIFY THE PARTIES:

PETITIONER/TEACHER’S NAME, ADDRESS & PHONE NUMBER:

PETITIONER/TEACHER ATTORNEY’S NAME, ADDRESS & PHONE NUMBER:

RESPONDENT/SCHOOL DISTRICT’S NAME, TITLE, ADDRESS & PHONE NUMBER:

RESPONDENT/SCHOOL DISTRICT’S ATTORNEY’S NAME, ADDRESS & PHONE NUMBER:

PLEASE PROVIDE A SHORT STATEMENT OF THE NATURE OF THIS CASE:

THE REFERRING PARTY MUST SUBMIT DOCUMENTATION REGARDING THE BASIS OF THE ABOVE ACTION.

ARE THERE STATUTORY LIMITS ON THE TIME FOR HEARING OR DECISION IN THIS CASE?
YES ___ NO ___ IF YES, PLEASE EXPLAIN:

HAS ANY PARTY TO THIS CASE REQUESTED INTERIM, EXPEDITED OR EMERGENCY RELIEF?
YES ___ NO ___ IF YES, PLEASE EXPLAIN:

WHO IN YOUR SCHOOL DISTRICT SHOULD WE CONTACT FOR SCHEDULING?

Phone Number: _____

E-mail Address: _____

WHO IN YOUR SCHOOL DISTRICT SHOULD WE CONTACT FOR BILLING?

Phone Number: _____

E-mail Address: _____

THE OAH WILL MAKE THE COURT REPORTER ARRANGEMENTS FOR THE HEARING AND WILL DIRECT THE COURT REPORTER TO BILL YOUR SCHOOL DISTRICT.

WHO IN YOUR SCHOOL DISTRICT WILL PAY FOR THE COURT REPORTER FOR THE HEARING? _____

HOW LONG WILL THE HEARING TAKE? _____

I HEREBY CERTIFY THAT AS AN AUTHORIZED OFFICER OF THE SCHOOL DISTRICT, ALL PARTIES HAVE BEEN PROPERLY SERVED WITH A TRUE AND COMPLETE COPY OF THIS TRANSMITTAL SHEET.

SIGNATURE AND TITLE OF
AUTHORIZED OFFICER