

## The University of the State of New York

The State Education Department Teacher Tenure Hearing Unit EBA Room 987 Albany, New York 12234

Ph: (518) 473-2829 Fax: (518) 402-5940

(09/21)

## Hearing Request/Waiver for Education Law §3020-a or §3020-b Charges

Instructions to the Tenured Employee: This form is for you to request a hearing on the Education Law §3020-a or §3020-b charges brought against you, or to waive your right to a hearing on such charges. You must return this form within 10 days of receipt of the charges to the Clerk or Secretary of the Board of Education that brought charges against you. If you fail to request a hearing or waive your right to a hearing within 10 days, you will be deemed to have waived your right to a hearing on the charges and your employing board will meet to determine a penalty.

|                                       | charges and your employing board will meet to determine a penalty. |   |  |         |  |  |
|---------------------------------------|--|---|--|---------|--|--|
| Tenured Employee Information          |  |   |  |         |  |  |
| Name                                  |  |   |  | Phone   |  |  |
| Address                               |  |   |  | Phone   |  |  |
| Address                               |  |   |  | Fax     |  |  |
| City, State Zip                       |  | р   |  | Email   |  |  |
| Hearing Request or Waiver             |  |   |  |         |  |  |
|                                       | I requ   | est a hearing on the charges served against me pursuant to Education Law §3020-a or §3020-b   |  |         |  |  |
|                                       |  | ve the right to have a hearing pursuant to Education Law §3020-a or §3020-b. I understand the of Education will meet to determine the case and fix the penalty or punishment, if one is to be used. |  |         |  |  |
| Tenured Employee Attorney Information |  |   |  |         |  |  |
| Firm Name                             |  |   |  |         |  |  |
| Attorney<br>Name                      |  |   |  | Phone 1 |  |  |
| Address                               |  |   |  | Phone 2 |  |  |
| Address                               |  |   |  | Fax     |  |  |
| City, State,<br>Zip                   |  |   |  | Email   |  |  |
| Tenured Employee Signature            |  |   |  |         |  |  |
| Signature                             |  |   |  | Date    |  |  |