



The University of the State of New York  
 The State Education Department  
 Teacher Tenure Hearing Unit  
 EBA Room 981  
 Albany, New York 12234

Ph: (518) 474-3021  
 Fax: (518) 402-5940

(09/15)

**Notice of Need For a Hearing on Education Law §3020-a or §3020-b Charges**

**Instructions:** The District Clerk or the Secretary of the Board of Education must upload this form on TEACH within 3 working days of receipt of the Request for a Hearing. A copy of the Hearing Request/Waiver form and the Affidavit of Service of the charges upon the tenured employee must be attached. A copy of this form and all attachments must also be sent to the employee or the employee's attorney if the employee has designated an attorney.

**Tenured Employee Information**

Name		SSN	
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**School District Information**

District Name		Phone	
Contact Name		Email	

**Hearing Information**

Hearing Type	<input type="checkbox"/> Standard §3020-a	<input type="checkbox"/> Expedited §3020-a(3)(c)(v) <i>(Certificate Revoked)</i>	<input type="checkbox"/> Expedited §3020-a(3)(c)(i-a)(A) <i>(Misconduct for Physical or Sexual Abuse)</i>
		<input type="checkbox"/> Expedited §3020-b(3)(c)(v)(A) <i>(Two Ineffective APPR Ratings)</i>	<input type="checkbox"/> Expedited §3020-b(3)(c)(v)(B) <i>(Three Ineffective APPR Ratings)</i>

Hearing Location		Estimated # of Hearing Days	
Address			
Address		Date Charges Served	
City, State, Zip			

**School Attorney Information**

*(If in the Charge Transmittal form, write "already provided")*

Firm Name			
Attorney Name		Phone 1	
Address		Phone 2	
Address		Fax	
City, State, Zip		Email	

**Teacher Attorney Information**

*(If in the Hearing Request form, write "see attached")*

Firm Name			
Attorney Name		Phone 1	
Address		Phone 2	
Address		Fax	
City, State, Zip		Email	