



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

(06/12)

**Hearing Request/Waiver for Education Law §3020-a Charges**

**Instructions to the Tenured Employee:** This form is for you to request a hearing on the Education Law §3020-a charges brought against you, or to waive your right to a hearing 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.

**Tenured Employee Information**

Name		Phone	
Address		Phone	
Address		Fax	
City, State Zip		Email	

**Hearing Request or Waiver**

*(Please check one)*

**I request a hearing on the charges served against me pursuant to Education Law §3020-a**  
*(If the charges involve pedagogical misconduct or issues of pedagogical judgment, except where the charges are based solely on a pattern of ineffective teaching or performance as set forth in Education Law §3012-c, please choose whether you want the matter to be heard by a sole hearing officer or a three member panel.)*

**Sole Hearing Officer**
                         
  **Three Member Panel** *(You may choose this only under the circumstances outlined above)*

**I waive the right to have a hearing pursuant to Education Law §3020-a. I understand the Board of Education will meet to determine the case and fix the penalty or punishment, if one is to be imposed.**

**Tenured Employee Attorney Information**

*(Please complete this section if you will be represented by an attorney. The attorney will be authorized to receive all correspondence on your behalf)*

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

**Tenured Employee Signature**

Signature		Date	
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