



ADVOCACY INTAKE FORM



PUHSD CEA/AEA

Date: _____ Time: _____ Information taken by: _____
 Is this? Work Related Issue Private Legal Other _____

Personal Information:

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ Zip Code: _____ Best Time to Call: _____
 Campus: _____ Work Phone: _____
 Work Hours: Begin _____ Ends _____ Lunch _____
 Personal email: _____ Work email: _____

Are you a member? YES NO Member Since: _____
 Checked Membership on: _____ Date of incident: _____
 Was the individual a member on the date of incident? YES NO
 School Site: _____ Years in the District: _____
 Current Position: _____

Have you spoken with anyone else in CEA or AEA? YES NO If YES, Who? _____
 Name of person calling if other than member: _____

Is There a Deadline involved? YES NO Don't Know
 If YES, What is the Dead Line? _____

Incident Information:

Is There a Criminal Investigation Pending? YES NO Don't Know
 If YES, Accused of: _____
 On Administrative Leave? YES NO
 If YES, Status: _____
 What is the proposed discipline? (If discipline, specify below)
 Under Investigation Letter of Direction Reprimand Suspension Dismissal
 Other _____

What happened?

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Who is involved?

Administrator(s) Co-Worker(s) Student(s) Parent(s) Other(s)

Name(s) of person(s) involved:

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Where did the incident occur?

When did the incident occur?

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How has the employee been affected?

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Previous Warnings:

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Prior Discipline History:

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What next steps does the Representative need to do?

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Sent to:

Date:

Via: email Fax Interschool Mail Postal Mail Hand Delivered

