

## IMPORTANT INFORMATION

### INSTRUCTIONS FOR CERTIFICATED EDUCATORS SERVED WITH RIF (LAYOFF) NOTICES

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CTA Certificated Member:

Each certificated employee who is served with a RIF notice is entitled to a hearing upon request. You must mail or deliver **both** a Request for Hearing and a Notice of Participation to the district within the specified time limit or you may waive your right to a hearing.

**REQUEST FOR HEARING**. In order to have a hearing, you must request one. This request must be made in writing within the time specified in the layoff notice, usually **seven (7) calendar days after you receive the Notice**. Failure to request a hearing within the appropriate time limit will waive your right to participate in the hearing and you may be laid off as a consequence.

To request a hearing, fill out the attached form entitled Request for Hearing and address it to the district official who signed the layoff notice. Deliver the original to the addressee, either in person or by registered mail at the address provided in the Notice. If you deliver the form personally, get a receipt or keep a record of the date, time, place, and recipient. Keep a copy for your records and provide a copy to your chapter president.

**NOTICE OF PARTICIPATION**. After the district receives your Request for Hearing, it will provide you with documents including a District Statement of Reduction in Force. After you receive the District Statement of Reduction in Force, fill out the form entitled Notice of Participation which is attached to these instructions, unless your attorney has provided you with different instructions. Do not use the forms provided by the district for this purpose. You must deliver the Notice of Participation to the superintendent, or the district official named in the Statement, within **five (5) calendar days after the District Statement of Reduction in Force is served**. The District Statement of Reduction in Force is served on the date the district hand-delivers the District Statement of Reduction in Force, or, in the case of service by mail, the date the District Statement of Reduction in Force is placed in the mail. You may deliver the Notice of Participation personally or by registered mail to the school district at the address given in the Statement to respondent so long as the Notice of Participation is received by the District within the five (5) day period. If you fail to deliver the Notice of Participation on time you may waive your right to participate in the hearing.

If you have any questions about filing a Request for Hearing and/or Notice of Participation, contact your CTA chapter president immediately.



## KEY DATES & ACTIONS IN THE MARCH 15<sup>TH</sup> LAYOFF PROCESS

<b>Event</b>	<b>Date</b>	<b>Explanation</b>
<b>Layoff Notice</b>	March 15th	You will receive an individual notice stating that the District intends to lay you off. The notice must be written and either personally given to you or mailed to you by registered mail by March 15 <sup>th</sup> .
<b>Request for a Hearing</b>	Must be served on the District within <b>7 Days</b> After Receiving Layoff Notice or Another (Later) Date Specified in Layoff Notice	The layoff notice will ask if you want a hearing. You DO! To get one, fill out the attached Request for a Hearing form or the form provided by your CTA representative and hand it in to the District within 7 days of receiving your layoff notice (unless a later date is specified in the layoff notice). Take two copies with you when you hand the form in and ask the District to date stamp one of them for you to keep for your records.
<b>District Statement of Reduction in Force</b>	You will receive this after you request a hearing.	After you serve your request for hearing, the district will respond by serving you with a document called a "District Statement of Reduction in Force."
<b>Notice of Participation</b>	Within <b>5 days</b> of Service of District Statement of Reduction in Force	As soon as you receive the District Statement of Reduction in Force, fill out the attached Notice of Participation and give it to the District (again, making sure that you keep a date stamped copy for yourself). Your chapter or representative may ask you to fill out a different Notice of Participation form instead, in which case you should follow their instructions. Make sure that your Notice of Participation is received by the district within 5 days of your receipt of the District Statement of Reduction in Force.
<b>Time and Place of Hearing</b>	N/A	A trial type hearing will be held before an administrative law judge ("ALJ") over the district's proposed layoff list. Your CTA representative will tell you when and where the hearing will be.
<b>ALJ's Proposed Decision</b>	No Later than May 7th	The ALJ who presided over the trial must give his or her proposed decision to the governing board and employees by May 7th.
<b>Notice of Final Decision by Board</b>	No Later than May 15 <sup>th</sup>	The governing board has until May 15th to review the ALJ's decision and issue its decision including its final layoff notices to employees. The final layoff notices can be served personally or by registered mail.
<b>Subsequent Court Review</b>		In rare instances, the governing board's decision can be challenged in court by way of a Petition for Writ of Administrative Mandate.

# REQUEST FOR HEARING

Dear \_\_\_\_\_:

I hereby request a hearing to determine whether there is cause to not re-employ me for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_, California \_\_\_\_\_

\_\_\_\_\_  
School Site

\_\_\_\_\_  
Date

# NOTICE OF PARTICIPATION

To: Governing Board of \_\_\_\_\_ School District  
\_\_\_\_\_  
(School Site)

Address: \_\_\_\_\_  
\_\_\_\_\_, California \_\_\_\_\_

In response to the District Statement of Reduction in Force, dated \_\_\_\_\_, 20\_\_\_\_,  
I \_\_\_\_\_,

1. Request a hearing.
2. Object to the District Statement of Reduction in Force upon the ground that it does not state acts or omissions upon which you may proceed.
3. Object to the form of the District Statement of Reduction in Force on the ground that it is so indefinite or uncertain that I cannot identify the transaction or prepare my defense.

This constitutes my notice of participation pursuant to Government Code Section 11506.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_ California, \_\_\_\_\_

\_\_\_\_\_  
Date

# IMPORANT INFORMATION REGARDING REPRESENTATION

## GROUP REPRESENTATION



You are one of several certificated employees (respondents) in your district who were served with layoff notices who have requested a hearing and filed a Notice of Participation in the layoff proceeding. CTA has arranged to provide representation to all members in your situation.

The purpose of the representation provided is to ensure protection of the rights of all respondents to a full, fair and impartial hearing. Representation will include discovery and review of relevant documents, objection to the introduction of improper evidence, cross-examination of district witnesses, and presentation of evidence and motions on behalf of respondents as a group. For example, in some cases it may be appropriate to move to dismiss the entire proceeding on various procedural grounds.

## POTENTIAL CONFLICTS OF INTEREST



Each respondent must consider the possibility that he or she may also have particular individual defenses. You must understand that the representation provided by CTA cannot properly assert such an individual defense if it conflicts with the rights of another member of the group being represented in this proceeding.

It is improper for the group's attorney or representative to assert any contention on behalf of one person to the possible detriment of another person being represented. Therefore, respondents who wish to assert individual and possibly conflicting defenses must do so themselves or through a separate attorney or other representative.

Such conflicts of interest among respondents may arise in asserting seniority rights. For example, if you feel that your date of first paid service is earlier than that asserted by the district, you may argue that your retention (and rehire) rights are superior to those of another respondent. Similarly, it may be appropriate for you to present testimony and argue that because of your special qualifications, you have rights superior to those of another respondent employed on the same date as your date of hire.

*(continued on next page)*

**-FOR CTA CERTIFICATED MEMBERS-**

*(Potential Conflicts of Interest continued...)*

You will be given an opportunity to assert any individual conflicting defenses or contentions at the hearing and you should exercise this right. You may also retain an attorney at your expense to represent you at the hearing.

Because of their ethical obligations, your CTA attorney or representative cannot properly assert any such defenses or contentions on your behalf. Accordingly, respondents represented by CTA in the layoff proceeding should immediately inform the attorney or staff representative of the existence of any such individual defenses or contentions they may have, so that they may be properly presented at the hearing.

***-FOR CTA CERTIFICATED MEMBERS-***



## CONSENT TO LEGAL REPRESENTATION BY GROUP LEGAL SERVICES PROGRAM ATTORNEY

I, \_\_\_\_\_, declare that I am a permanent or probationary certificated employee of the \_\_\_\_\_ DISTRICT and a member of \_\_\_\_\_ (CTA/NEA). I have received from the district a notice of recommendation of non-reemployment, and have requested a hearing pursuant to Education Code Section 44949. The reasons given for the recommendation for non-reemployment are those set forth in Education Code Section 44955. I understand that similar notices were delivered to other certificated employees of the district and that other employees have also requested a hearing.

I understand that CTA has agreed to provide representation to its members to the extent possible to the entire group or class of certificated employees similarly affected by the district's action.

I hereby consent to and authorize representation at said hearing by \_\_\_\_\_, an attorney who participates in the CTA Group Legal Services Program. By executing this document, I understand and consent to such representation as a member of \_\_\_\_\_ and CTA and as a member of the group or class of employees similarly affected by the district's action.

In that regard, I agree to abide by, authorize and ratify all decisions made on behalf of the group or class represented. Such decisions may include, but not be limited to, decisions relating to strategy, the presentation of evidence, continuances of hearing dates, and extensions of notice deadlines.

I acknowledge that I have been advised and understand that relevant issues involved in the hearing include assignments, qualifications, seniority, and so-called "bumping rights", classification status issues so that real and potential competing and conflicting rights and interests may exist within the group or class represented. I further acknowledge that I have been advised and understand that I am free to secure independent counsel and representation at my own expense in lieu of that provided by CTA and, further, that I may do so at any time. I agree that if I do secure independent counsel I will notify my CTA counsel of that fact and recognize that upon that notification my CTA counsel will cease to represent me in the proceedings.

I agree to cooperate fully in the defense of this matter and acknowledge my individual responsibility promptly to request a hearing, to thoroughly read and review all notices served, and to provide all relevant information, including that relating to seniority and qualifications.

I understand that the representation provided herein relates only to the administrative hearing and that it does not include appeal or judicial review.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

### Member Information

Address: _____ _____ _____ CA _____	Cell phone #: (____) _____ - _____ Home #: (____) _____ - _____ Personal email: _____
District: _____ School site name: _____	School email: _____ School phone: (____) _____ - _____

### CTA Membership Information

CTA membership#: \_\_\_\_\_

**Are you an ACTIVE member now and were at the time of the RIF notice?**  
**\_\_\_ Yes \_\_\_ No (\*see below ↓)**

*\*If no is marked, unfortunately you are not entitled to CTA legal representation. Only individuals who are current CTA members and were a member at the time they received a RIF notice are entitled to legal representation by GLSP attorney.*





## **CONSENT TO REPRESENTATION BY CTA REPRESENTATIVE**

I, \_\_\_\_\_, declare that I am a permanent or probationary certificated employee of the \_\_\_\_\_ DISTRICT and a member of \_\_\_\_\_ (CTA/NEA), that I have received from the district a notice of recommendation of non-reemployment, and that I have requested a hearing pursuant to Education Code Section 44949. The reasons given for the recommendation for non-reemployment are those set forth in Education Code Section 44955. I understand that similar notices were delivered to other certificated employees of the district and that other employees have also requested a hearing.

I understand that CTA has agreed to provide representation to the entire group or class of certificated employees similarly affected by the district's action.

I hereby consent to and authorize representation at said hearing by \_\_\_\_\_, a CTA representative. By executing this document, I consent to such representation as a member of \_\_\_\_\_ and CTA and as a member of the group or class similarly affected by the district's action.

In that regard, the undersigned consents to abide by, authorize and ratify all decisions made on behalf of the group or class represented. Such decisions may include, but not be limited to, decisions relating to strategy, the presentation of evidence, continuances of hearing dates, and extensions of notice deadlines.

I acknowledge that I have been advised and understand that relevant issues involved in the hearing may include assignments, qualifications, seniority, and so-called "bumping rights", classification status issues so that real and potential competing and conflicting rights and interests may exist within the group or class represented. I further acknowledge that I have been advised and understand that I may secure independent counsel and representation at my own expense in lieu of that provided by CTA and, further, that I may do so at any time upon notice. I further understand that \_\_\_\_\_ is not an attorney and the representation provided herein will not be by legal counsel. I have been advised and encouraged to consult with independent legal counsel whenever I wish to do so.

I agree to cooperate fully in the defense of this matter and acknowledge my individual responsibility to promptly request a hearing, to thoroughly read and review all notices served, and to provide all relevant information, including that relating to my seniority and qualifications.

I understand that the representation provided herein relates only to the administrative hearing and that it does not include appeal or judicial review.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Member Information**

Address: _____ _____ _____ CA _____	Cell phone #: (_____) _____ - _____ Home #: (_____) _____ - _____ Personal email: _____
District: _____ School site name: _____	School email: _____ School phone: (_____) _____ - _____

**CTA Membership Information**

CTA membership#: \_\_\_\_\_

**Are you an ACTIVE member now and were at the time of the RIF notice?**  
**\_\_\_ Yes \_\_\_ No (\*see below ↓)**

*\*If no is marked, unfortunately you are not entitled to CTA legal representation. Only individuals who are current CTA members and were a member at the time they received a RIF notice are entitled to legal representation by a CTA representative.*



# RIF DATA FORM

Date: \_\_\_\_\_

**Personal Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Non-work e-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_

CTA member number: \_\_\_\_\_

**Employment Status and History**

Current employment status (check one):

- Prob 1     Prob 2     Permanent     Temporary     Don't know/unsure

Current position: \_\_\_\_\_

(Example: Teacher, Nurse, Counselor, etc.)

Do you work full time?  Yes     No    If no, what percentage of an FTE do you teach? \_\_\_\_\_%

If applicable, list current grade level(s) and subject(s): \_\_\_\_\_

List the grade levels and subjects you have taught at **this** District, in reverse chronological order, with approximate dates. If you worked less than full-time, please also list hours per week or FTE %:

Year(s)	Assignment	Hours per week or FTE %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Seniority Date**

Seniority date according to the district: \_\_\_\_\_ Seniority number: \_\_\_\_\_

Do you believe your first date of paid probationary service with this District is different from the seniority date listed above? If so:

What do you believe is your first date of paid probationary service? \_\_\_\_\_

Briefly describe the prior service that you performed for the District: \_\_\_\_\_

\_\_\_\_\_

If you are contesting your seniority date, please attach copies of all your contracts with the District, and also **bring copies with you to the hearing.**

*(see other side)*

Did you work at the District at least 75% of the school year during the year **immediately before** the year of your seniority date according to the District?

Yes    No

If yes, how were you classified by the District?

Temporary    Long term sub    Day to day sub    Other: \_\_\_\_\_

If yes, what were your dates of prior service? \_\_\_\_\_

**Credentials, Certifications and Degrees**

Please list all of your current credentials, authorizations, and certifications, including CLAD and BCLAD:

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Undergraduate major and minor:

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Any post-bachelor's degrees: \_\_\_\_\_

Subject matter and number of any other post-bachelor's units: \_\_\_\_\_

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**Other**

Are you aware of any employee in the District with **less seniority** than yourself, who is being retained to perform a service that **you are credentialed and qualified** to perform? If so, please list the name(s) of any such person or persons, and seniority date, if known:

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Please state any other information you believe may be important to your case:

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