



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?

Who is involved?

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

Name(s) of person(s) involved:

Where did the incident occur?

When did the incident occur?

How has the employee been affected?

Previous Warnings:

Prior Discipline History:

What next steps does the Representative need to do?

Sent to:

Date:

Via: email Fax Online Interschool Mail Postal Mail Hand Delivered

