

**UTAH SCHOOL EMPLOYEES ASSOCIATION  
REQUEST FOR REPRESENTATION**

Name: \_\_\_\_\_ District/Chapter: \_\_\_\_\_  
 Address: \_\_\_\_\_ Local President: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Position: \_\_\_\_\_  
 Work: \_\_\_\_\_ Building/Location: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

Who can we contact if we can't reach you? \_\_\_\_\_

Why do you want representation? \_\_\_\_\_  
 (Termination, discipline, grievances, wage complaint, injury, etc.)

What remedy do you want from this representation? \_\_\_\_\_

Identify all policy sections or paragraphs you believe the District violated (attach a copy of each policy): \_\_\_\_\_  
 \_\_\_\_\_

If this is a termination or discipline matter, have you ever been warned or disciplined by the District for a similar offense? \_\_\_\_\_ When? \_\_\_\_\_  
 What did the District do? \_\_\_\_\_

If you believe you were the victim of discrimination, on what basis do you claim discrimination?  
 \_\_\_\_\_ Sex/gender/pregnancy      \_\_\_\_\_ Race      \_\_\_\_\_ National Origin  
 \_\_\_\_\_ Age (40 and older)      \_\_\_\_\_ Religion      \_\_\_\_\_ Disability

Are you a \_\_\_\_\_ career, \_\_\_\_\_ provisional, or \_\_\_\_\_ temporary employee?

When were you hired? \_\_\_\_\_ How many hours per day do you work? \_\_\_\_\_  
 How many days per year do you work? \_\_\_\_\_

USEA Tracking:

Date: received:

<b>Local President:</b>		<b>Membership verified:</b>	
<b>Labor Representative:</b>		<b>Personnel file:</b>	
<b>USEA Legal:</b>		<b>Release of info:</b>	
<b>USEA Exec. Dir.:</b>		<b>District Policies:</b>	

Tell us about your claim. Use additional pages if you need to.

1. What happened? Be specific as possible, and include all names, dates, and times that you know. Tell us all that you know from your direct, personal knowledge about your claim. Tell us both the favorable facts and the unfavorable facts.

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2. Who else has knowledge about your claim? Give us the name, address, and phone number of each person you believe has specific knowledge about your claim, and tell us what you think they will say. Include both those people who will help your claim and those who will hurt your claim.

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3. Identify any other District employees you believe were in a similar situation, but were treated differently than you were..

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4. What else do you believe we should know about your claim?

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5. Do you have documents that support your claim? If you do, list them here and attach copies to this request.

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6. Have you tried to resolve this claim on your own, met with District administration, filed a claim, grievance, charge, or complaint, or asked any other person or organization for representation or help? Are you a party in any lawsuit or other proceeding concerning this claim. If so, tell us here.

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7. Have you requested a copy of your personnel file from the district? \_\_\_\_\_

**READ THIS PAGE CAREFULLY BEFORE YOU SIGN THIS REQUEST**

By signing this Request for Representation, I am requesting that USEA represent me in this matter. I understand that USEA has not yet agreed to represent me and may deny the requested representation in accordance with policies adopted by the USEA Executive Board.

I understand that if, at any time after this request is approved, I act on my own behalf in this matter or retain the services of another attorney or representative to represent or advise me in this matter, USEA may immediately withdraw from further representation in this matter.

I have received and read both the USEA Legal Representation Policy and Guidelines and I agree to the terms and conditions contained in those documents.

I agree that if I receive any award, settlement, judgment, or other proceeds as a result of this representation, I will reimburse USEA for the actual necessary costs it has incurred in this representation.

I agree to fully cooperate with USEA in this representation.

I understand that, if the services of an attorney become necessary in order to properly represent me, that USEA will review this Request and may deny further representation in accordance with policies adopted by the USEA Executive Board.

**I UNDERSTAND THAT THIS REQUEST 'FOR 'REPRESENTATION IS NOT A GRIEVANCE, REQUEST FOR AGENCY ACTION, OR COMPLAINT.**

**I UNDERSTAND THAT USEA WILL TAKE NO ACTION ON MY BEHALF UNTIL THIS REQUEST FOR REPRESENTATION IS APPROVED.**

**I UNDERSTAND THAT USEA CANNOT AND DOES NOT GUARANTEE A FAVORABLE RESULT IN THIS REPRESENTATION.**

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Member Signature