

**CONSENT TO LEGAL REPRESENTATION BY AN ATTORNEY
(CERTIFICATED EMPLOYEES)**

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 and that the CTA attorney will seek to enforce seniority rights under the Education Code.

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. I understand that CTA is paying for the fees and expenses incurred by this attorney to represent me in this matter, and that the attorney is representing me with the understanding that this compensation arrangement does not interfere with the attorney's independence of professional judgment or the attorney-client relationship.

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 the relevant issues involved in the hearing include assignments, qualifications, seniority, and so-called "bumping rights", so that real and potential competing and conflicting rights and interests may exist within the group or class represented. I hereby consent to representation by the CTA attorney notwithstanding any such conflicts of interests. 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, thoroughly to 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 any appeal or judicial review.

DATED: _____, 2010

Signature

Printed Name

Address

Home Phone

School Phone

Membership Number