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LOS ANGELES, CA 90013
Phone 213-576-7200 FAX 916-376-6324

1350 FRONT STREET, ROOM 3005
SAN DIEGO, CA 92101
Phone 619-525-4475 FAX 916-376-6325

DATE:

TO: OFFICE OF ADMINISTRATIVE HEARINGS

FROM:

(PLEASE TYPE AND SUBMIT IN TRIPLICATE)

SCHOOL DISTRICT REQUEST TO SET (Cal. Code Regs., tit. 1, § 1018)

CASE TITLE	OAH CASE NO.

SCHOOL DISTRICT: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,	SCHOOL DISTRICT ATTORNEY: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,
RESPONDENT: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,	RESPONDENT ATTORNEY/REP: NAME, ADDRESS, TELEPHONE AND FACSIMILE NOS,

☐ CERTIFICATED EMPLOYEE ☐ CLASSIFIED EMPLOYEE ☐ PROBATIONARY DISMISSAL ☐ STUDENT DISCIPLINE ☐ OTHER (LIST)

STATUTORY TIME LIMIT ☐ NO ☐ YES ☐ EXECUTED TIME WAIVER	IF YES, PROVIDE LEGAL AUTHORITY	IF YES, DATE BY WHICH CASE MUST BE HEARD

TIME ESTIMATE FOR HEARING DAYS	PLACE OF HEARING	☐ DISTRICT TO PROVIDE COURT REPORTER ☐ HEARING TAPE RECORDED BY CONSENT (Gov. Code, § 11512, subd.(d))

DATES PREFERRED DATES COORDINATED WITH ALL PARTIES? ☐ YES ☐ NO	DATES AVAILABLE	DATES UNAVAILABLE FOR THE NEXT SIX MONTHS

ADDITIONAL COMMENTS AND/OR INSTRUCTIONS, REQUEST FOR ACCOMMODATION

☐ SECURITY REQUESTED (ATTACH WRITTEN REQUEST)

REQUEST TO SET ACKNOWLEDGEMENT

DATE(S) SET/ STARTING TIME	PLACE OF HEARING	DATE: BY: