

State Vocational Federation of Teachers

439 Main Street
Wallingford, CT 06492

Office: (203) 793-7996
Fax: (203) 793-7943

Waiver of Union Representation

I understand that I am attending an investigatory meeting(s) inquiring into certain matters pertaining to my employment as an instructor in the Connecticut Technical Education and Career System. I understand that the meeting(s) and investigation may lead to administrative and/or disciplinary action up to and including discharge, affecting my status and employment with the Connecticut Technical Education and Career System. I have elected to participate in this meeting without union representation by the State Vocational Federation of Teachers.

I understand I may withdraw this waiver of union representation at any time upon written notification to the Labor Relations Specialist representing the Connecticut Department of Education, Bureau of Human Resources, 450 Columbus Blvd., Suite 403, Hartford, CT 06105 in this matter, as well as written notification to the President of the State Vocational Federation of Teachers

Print Full Name

Signature

Date

I have elected to be represented at this meeting by private counsel:

Name of Attorney

Firm

Address

City

State

Zip

Phone Number