



REFERRAL * TO CLASS SIZE PANEL
***THIS IS NOT A GRIEVANCE**

Date: _____

Name of School: _____ Address of School: _____ Zip: _____

School Phone #: (773) _____ Area: _____ Unit #: _____

Principal's Name: _____

Delegate's Name: _____

Delegate's Home Telephone #: (____) _____ Delegate's Cell Phone #: (____) _____

Delegate's E-mail Address: _____

Name of Field Representative: _____

Additional instructions or information: _____

REPORT OF CLASS SIZE VIOLATION(S) OF CONTRACT ARTICLE 28-1

<u># of Students</u>	<u>Grade</u>	<u>Subject</u>	<u>Class Period</u>	<u>Room #</u>	<u>Name of Teacher</u>	<u>Teacher's</u>	<u>Teacher's</u>
<u>Enrolled</u>			<u>(if applicable)</u>			<u>Phone #</u>	<u>E-mail</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Referral submitted by(optional): _____ Department Chairperson: _____

Name of High School Programmer: _____ Phone # of High School Programmer: (____) _____

DO NOT WRITE BELOW THIS LINE

Name of CTU Investigator

Name of CTU Investigator

Name of CPS Investigator

Please return to:
Erin Doubleday
Chicago Teachers Union
222 Merchandise Mart Plaza, Suite 400
Chicago, Illinois 60654
Fax: (312) 329-8661