TFSA/AFT Legal Defense Fund Application

Last Name:_____ First Name:_____ MI:_____

Address:_____

City:_____ State:_____ Zip:_____

H Phone:_____ W Phone:_____

College:_____ Campus:_____

Work City:_____

PENALIZATION (Check All That Apply)

_____Termination _____Involuntary Transfer

_____Demotion _____Suspension

_____Layoff _____Employee Evaluation

_____Discrimination - Circle Type: race, color, religion, ethnic origin, sex, disability, political, age (over 40)

Other Penalization (Specify):_____

_____

Are you represented by a TFSA/AFT approved attorney? _____Yes _____No

Name of Attorney:_____ City:_____

Attorney Phone:_____

A brief description of your legal case or problem must be attached to this form.

Signature:_____ Date:_____

In addition to completing this form, qualified applicants will need an evaluation from a TFSA/AFT approved attorney. Contact the TFSA/AFT office for a complete list of approved attorneys. TFSA/AFT will not pay legal expenses to attorney who have not been approved by TFSA/AFT.

Send all information to:

TFSA/AFT Legal Defense Fund Committee c/o TFSA/AFT
PO Box 4110, Frankfort, KY 40604
Phone: (800) 248-5273 Fax: (502) 875-3597