



**Eyres Law Group Contact Information Form
SIA /STSIG Participating Members in Employment and Education Law
Hotline Program**

**SAVE FORM WITH YOUR DISTRICT OR COE NAME AS THE FILE NAME and
RETURN COMPLETED FORM TO: peyres@eyreslaw.com**

District or COE: _____

Primary Physical Mailing Address: Street: _____

Rm/Suite/Dept: _____ City: _____ State: _____ Zip _____

District Website: _____

Primary Contact:

Name: _____

Job Title: _____

Department: _____

Preferred Email Address: _____

Secondary Email Address (if desired): _____

Phone: _____ Ext: _____ Direct Line: _____

Fax: _____ Confidential Fax (if applicable): _____

Mailing Address (if different): Street: _____

Rm/Suite/Dept: _____ City: _____ State _____ Zip _____

Secondary Contact:

Name: _____

Job Title: _____

Department: _____

Preferred Email Address: _____

Secondary Email Address (if desired): _____

Phone: _____ Ext: _____ Direct Line: _____

Fax: _____ Confidential Fax (if applicable): _____

Mailing Address (if different): Street: _____

Rm/Suite/Dept: _____ City: _____ State _____ Zip _____

District or COE Departments: (Identify all Departments participating in hotline program)

Is there a District-Wide Employee Handbook? YES NO

Provide online link, if applicable: _____

Do separate Departments have Employee Handbooks? YES NO

Provide online link, if applicable: _____

Are governing policies accessible on website? YES NO

If yes, provide link or website address: _____

Are leaves of absences policies accessible on district website? YES NO

If yes, provide link or website address: _____

Does your entity collective bargaining agreements available? YES NO

Provide link & password/ access code _____

OPTIONAL: provide email addresses for other staff to receive monthly newsletters:

OPTIONAL: identify topics of interest for monthly webinars:

OPTIONAL: identify areas of particular interest for hotline assistance:

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