

Alabama Department of Education  
Administrative and Financial Services  
SDE Accounting  
Form TFD 2A, Revised 1/15

**REQUIRED**  
Partial Claim   
Final Claim

## HEARING COSTS CLAIM FORM Alabama Students First Act

\*STUDENTS 1st ACT GUIDELINES ARE AVAILABLE AT:

<http://web.alsde.edu/Home/Sections/SectionDocuments.aspx?SectionID=64>

SDE CASE TRACKING NUMBER \_\_\_\_\_ ( REQUIRED) (from Form TFD 1)

LEA \_\_\_\_\_

LEA ATTORNEY \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

TEACHER/EMPLOYEE NAME \_\_\_\_\_

DATE OF HEARING BEFORE LEA BOARD \_\_\_\_\_

DATE EMPLOYEE NOTIFIED IN WRITING OF DECISION \_\_\_\_\_

DATE WRITTEN NOTICE OF APPEAL SUBMITTED TO SDE \_\_\_\_\_

DATE OF HEARING OFFICER'S REVIEW \_\_\_\_\_

DATE OF OUTCOME/RULING \_\_\_\_\_

(Provide a xerox copy of Hearing Officer's final decision with final claim)

**ITEMIZED COSTS:**

COURT REPORTER AT HEARING BEFORE THE BOARD (TOTAL FOR HEARING INCLUDING TRAVEL) \$ \_\_\_\_\_

OTHER LEA COSTS: \$ \_\_\_\_\_

HEARING OFFICER COSTS:  
FEE @ \$150.00 PER HOUR FOR \_\_\_\_\_ HOURS \$ \_\_\_\_\_

TOTAL DUE LEA: \$ \_\_\_\_\_

I hereby certify that these costs are due, correct, and unpaid.

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date Signed

FAX FORM WITH RECEIPTS, INVOICES, DECISION, AND OTHER DOCUMENTATION TO:  
Ms. Vera Guettler, Director of Financial Management  
Office of Financial Management  
SDE Accounting (334) 353-7030