



SAMPLE FORM
Original can be obtained
From the Office of Labor Relations

MIAMI-DADE COUNTY PUBLIC SCHOOLS

LETTER OF INQUIRY
(Please Type or Print)

The undersigned hereby requests clarification from the Office of Labor Relations with reference to the following:

<input type="checkbox"/>	Florida Statute	_____
		(Statute Number)
<input type="checkbox"/>	MDCPS Rule	_____
		(Rule Number)
<input type="checkbox"/>	Contract Provision	_____
		(Article Number)

The issue with reference to the identified statute, rule, or contract provision which requires clarification is as follows:

Distribution of Form: 1. Bargaining Agent 2. Office of Labor Relations	_____
	Signature

	Title

	Address

	Date

(FOR OFFICIAL USE ONLY)

Date Received _____

Letter of Inquiry # _____

Date of Response _____

Signature of Office Representative

(Attach copy of Response)