Department of Education
Carmen Fariña, Chancellor

Teacher's Choice Unit
65 Court Street, Room 1402
Brooklyn, NY 11201
Tel: (718) 935-4000
Fax: (718) 935-2171
teacherschoice@schools.nyc.gov

TEACHER'S CHOICE PROGRAM
FULL-TIME SUBSTITUTE / ROTC INSTRUCTOR CERTIFICATION FORM
School Year 2016 - 2017

Form Purpose: Principals are to use this form to inform the Teacher's Choice Unit of all full-time regular substitute teachers or ROTC instructors (with 5BA, 5BP or TBR status in their EIS profile) who are eligible to receive Teacher's Choice funds. Upon completion, please forward the form - via e-mail, mail, or fax - to the Teacher's Choice Unit (contact information above).

Form Due Date: October 14, 2016

School Name: _____ School Location Code: _____

District: _____ Principal's Name: _____ Telephone No.: _____

Name of Full-Time Substitute or ROTC Instructor	File Number

I certify that the above individuals are entitled to receive Teacher's Choice funding this year as they are either (1) full-time regular substitute teacher's (with an EIS notation of 5BA, 5BP or TBR status) who are covering a regular classroom assignment on a full-time basis, OR (2) are an ROTC instructor (with an EIS notation of 5BA, 5BP or TBR status) who will be actively employed as of November 1st.

Principal's Signature: _____ Date: _____