THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*
DIVISION OF HUMAN RESOURCES
65 Court Street – Brooklyn, NY 11201

# OFFICE OF REGIONAL FIELD SERVICES
# 65 COURT STREET - ROOM 811
# BROOKLYN, NEW YORK 11201
# (718) 935-2900

## *APPLICATION FOR WITHDRAWAL OF RESIGNATION/RETIREMENT*

- Complete all items listed below. PLEASE PRINT CLEARLY.

*SECTION I-PERSONAL INFORMATION*

Date: _____

Last Name: _____ First Name: _____

Soc Sec #: _____ File #: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Telephone: _____ EMAIL ADDRESS: _____

*SECTON II-TEACHING SERVICE IN NEW YORK CITY SCHOOLS PRIOR TO RESIGNATION/RETIREMENT*

License Area and Level: _____

Date of Resignation/Retirement: _____

Last District/Boro/School: _____

*EMPLOYMENT SINCE RESIGNING/RETIRING FROM THE NEW YORK CITY PUBLIC SCHOOLS*:

Name of School District And/Or Company: _____

Name of Principal And/Or Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Employment Dates: From _____ To _____

Job Title: _____

Reason for separation from service: _____

_____

_____

## *PLEASE READ CAREFULLY*

An employee who has resigned may be permitted to withdraw a resignation as outlined below, provided the following conditions exist:

- At the time of resignation, the individual had completed at least one year (or two full school terms) of satisfactory, regularly appointed service under the license;
- The license has not been invalidated, and is not subject to such action for failure to satisfy certification requirements.
- Employees who were tenured prior to the resignation will not have to serve a probationary period, provided withdrawal of resignation occurs within five years of the resignation.
- Employees who were tenured prior to a resignation and withdraw the resignation after five years have transpired, must serve a two year probationary period.
- Employees who were not tenured prior to resignation must serve a three year probationary period following withdrawal of resignation.
- Employees will be permitted to withdraw a resignation subject to medical approval, fingerprint clearance, and verification of employment(since resigning/retiring from the New York City Public Schools).
- APPROVAL OF WITHDRAWAL OF RESIGNATION SHALL BE CONTINGENT UPON RECEIPT OF A WRITTEN REQUEST TO FILL A VACANCY APPROVED BY THE REGIONAL MANAGER OR REGIONAL PERSONNEL LIAISON.

IMPORTANT NOTICE: Employees who are absent for 20 consecutive school days or more without notice are deemed to have resigned in accordance with applicable collective bargaining agreements. Also considered to have resigned are employees who have failed to return following leaves of absence. It has been upheld by arbitration that employees deemed to have resigned in accordance with such agreements are not eligible for withdrawal of resignation.

STATE OF NEW YORK COUNTY OF _____

Soc. Sec. #: _____

PRINT NAME: , being duly sworn, deposes and says, I the undersigned, transmitted to the Chancellor my resignation as a teacher in the schools of the City of New York on or about_____20_____: now therefore, in consideration of being allowed to withdraw my aforesaid resignation, under the Chancellor's Regulations (former Bylaw Section 255 adopted on April 9, 1953); and of being restored to a teaching position; and for other good and valuable considerations; and in view of the fact that I have since my said resignation rendered no service to the Department of Education except as a substitute teacher, for which service I have been compensated in full, I do hereby release the Board of Education from any and all claims that I, or my heirs, executors, administrators, or assigns, may have for salary or salary increment, or service credit, for any purpose whatsoever from _____, the date upon which my said resignation became effective, to the date upon which I shall be regularly restored to a position on the teaching staff; and I do hereby agree to serve a probationary period of appointment in accordance with the Regulations of the Chancellor.

I make this affidavit knowing and intending that the Department of Education and the Chancellor will rely thereon in granting me permission to withdraw my resignation.

Applicant Signature: _____

Sworn to before me this_____ day of_____ 20_____

## *ANSWER "YES OR "NO" TO QUESTIONS 1 TO 11(ATTACHMENT A).*

If your answer is Yes, explain on the separate sheet provided (ATTACHMENT B).

1. Have you ever been convicted of a crime (other than minor traffic violations) ? _____Yes _____No

2. Are any criminal charges pending against you for any offense (other than a minor traffic violation)? _____Yes _____No

3. Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action? _____Yes _____No

4. Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment? _____Yes _____No

5. Have you ever been disqualified for employment for any civil service position? _____Yes _____No

6. Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)? _____Yes _____No

7a. Have charges ever been preferred against you by an employer? _____Yes _____No

b. Were the charges sustained? _____Yes _____No

8. Have you ever resigned as an alternative to facing charges or dismissal? _____Yes _____No

9. Have you ever had a license or certificate denied or terminated by the New York City Department of Education because of unsatisfactory teaching, fingerprint or medical record? _____Yes _____No

10. Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record? _____Yes _____No

11. Has the Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? If so, indicate on the Confidential Attachment the date and nature of the finding, name of court and name of judge. _____Yes _____No

12. Have you ever been discontinued from probationary service or denied tenure as a pedagogue? _____Yes _____NO

I understand that the statement approved by the Division of Human Resources is required prior to my commencement of service as a regular or as a long term per diem substitute. Such approval requires that I report in person with a letter of request from the School Principal, Regional Personnel Manager and/or Liaison. I further understand that no payment will be authorized if I serve in such a capacity without appearing at the Division of Human Resources and receiving prior approval. Payment will be authorized from the date of Division of Human Resources approval. No retroactive payment for prior service will be approved.

I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement thereof, shall be incorporated in my record in connection with any future application and shall be referred to the Office of the District Attorney for prosecution.

WARNING: ACCORDING TO LAW, A PERSON KNOWINGLY MAKING A FALSE WRITTEN STATEMENT ON AN APPLICATION IN ORDER TO OBTAIN A CERTIFICATE IS GUILTY OF A CLASS E FELONY.

Signature of Applicant:_____Date:_____

It is the policy of the New York City Department of Education, not to discriminate on the basis of race, color ,creed, religion, national origin age, disability, marital status, alienage/citizenship status, sexual orientation, gender or prior record of arrest or conviction and/or retaliation in its educational programs, activities, and employment policies,and to maintain and environment free of sexual harassment, as required by law, Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 65 Court Street, 9th Floor, Brooklyn, New York 11201, Telephone: (718) 935-3320

# *CONFIDENTIAL ATTACHMENT B*

LAST NAME:_____FIRST NAME:_____

SOCIAL SECURITY NUMBER:_____FILE NUMBER:_____

LICENSE AREA OF APPLICATION:_____

If in CONFIDENTIAL ATTACHMENT A you indicated "YES" in response to any of the questions, you must supply a detailed explanation concerning your response in the space provided below.

If it is necessary to use this form, it should be submitted in a sealed envelope to maintain confidentiality. This envelope should be securely attached to your application, and your full name, file number, social security number, and the type of license for which you are applying should be indicated on the outside. Please make sure that the form is completed, including your signature.

Failure to provide complete and truthful information will result in the denial of your application and may lead to prosecution.

| QUESTION # | EXPLANATION |
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Signature_____Date_____