



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

**TEACHER'S CHOICE PROGRAM
REQUEST FOR NON-PARTICIPATION (REQUEST TO OPT OUT)**
School Year 2015 - 2016

Instructions: Eligible employees who choose not to participate in the Teacher's Choice Program must complete this form and submit it - via e-mail, mail, or fax - to the Teacher's Choice Unit (contact information above).

Form Due Date: October 23, 2015

File Number:

Date:

School Name:

School Location Code:

Title:

I, _____, do not wish to participate in the Teacher's Choice Program this year and hereby decline my Teacher's Choice funds. Please remove my name from the eligibility roster.

I will advise my UFT representative, payroll secretary, and any other applicable individuals of my decision.

Name of Principal/Director/Supervisor

Signature of Principal/Director/Supervisor

Participant's Signature