Department of Education
Carmen Fariña, Chancellor

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# TEACHER'S CHOICE PROGRAM
# OUTSTANDING ACCOUNTABILITY REPORT
School Year 2016 - 2017

**Form Purpose:** Principals are to use this form to inform the Teacher's Choice Unit of all employees at their school who did not comply with program requirements. These employees must reimburse the DOE for unused or improperly used Teacher's Choice funds via a salary deduction. Upon completion, please forward the form - via e-mail, mail, or fax - to the Teacher's Choice Unit (contact information above).

**Form Due Date:** February 8, 2017

School Name: _____ School Location Code: _____

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

| Name | File Number | Amount Owed | Brief Explanation |
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I certify that the participants indicated above have been individually notified in advance of this submission.

Principal's Signature: _____ Date: _____

Revised 8/5/16