OFFICE OF SUPERVISORY SUPPORT SERVICES
65 Court Street, Room 405
Brooklyn, New York 11201
MAIN (718) 935-2822 FAX (718) 935-3366

C-30 LEVEL I COMMITTEE FORM

DISTRICT & SCHOOL: _____ *POSITION:* _____ *VACANCY POSTING DATE:* _____

INTERVIEW DATE: _____ *INTERVIEW TIME:* _____ *HIRING MANAGER:* _____

PART A CSA REPRESENTATIVE:

For AP positions, the hiring manager requests CSA approval via email to C30@CSA-NYC.ORG. For Principal positions, the C-30 Coordinator requests CSA approval.

1._____

PART B UFT REPRESENTATIVES:

1._____ 2._____

PART C CFN REPRESENTATIVE:

1._____

PART D PTA/PA REPRESENTATIVES (MINIMUM OF FOUR):

1._____ 2._____

3._____ 4._____

5._____ 6._____

7._____ 8._____

PART E DC 37 REPRESENTATIVE (MAY NOT BE A PARENT COORDINATOR):

1._____

PART F STUDENT REPRESENTATIVE (HIGH SCHOOL ONLY; MINIMUM OF ONE):

1._____ 2._____

PART G INTERMEDIARY ORGANIZATION REPRESENTATIVE (if applicable):

1._____

CERTIFICATION STATEMENT: This is to confirm that the Level I Committee members listed above were selected in accordance with Chancellor's Regulation C-30.

Name of C-30 Coordinator: _____

Signature of HR Manager: _____ Date: _____

Please sign the completed form and fax to:

Office of Supervisory Support Services - (718) 935-3366
Attn. C-30 Coordinator

Revised 04/xx/14