Department of Education
Carmen Fariña, Chancellor

Teacher's Choice Unit
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TEACHER'S CHOICE PROGRAM
REQUEST FOR NON-PARTICIPATION (REQUEST TO OPT OUT)

School Year 2016 - 2017

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 21, 2016

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