



Department of Education

Chancellor Richard A. Carranza

Teacher's Choice Unit
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TEACHER'S CHOICE PROGRAM
REQUEST FOR NON-PARTICIPATION (REQUEST TO OPT OUT)
School Year 2018 - 2019

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 19, 2018

File Number: [input box]

Date: [input box]

School Name: [input box]

School Location Code: [input box]

Title: [input box]

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