

UNITED
FEDERATION OF
TEACHERS

FEDERATION OF NURSES – FNHP-AFL-CIO
SCHOOL NURSES CHAPTER
52 BROADWAY
NEW YORK, NEW YORK 10004
TEL: 212-598-7706



SCHOOL NURSE SALARY INQUIRY FORM

Name: _____ Soc. Sec. #: _____

Address: _____

Home #: _____ Title: _____

School: _____ School#: _____

Date Department of Education Service Began: _____

Number of Years of Prior City Nursing Service: _____

Number of Years of Prior Non-City Nursing Service: _____

Describe your problem in detail: _____

Please enclose a copy of your most recent pay stub and return to the **UFT office in your borough** **ATTN: SCHOOL NURSE SALARY REP**