



United Federation of Teachers
A Union of Professionals

PARAPROFESSIONAL NOMINATING FORM 2021
DISTRICT COORDINATOR, DISTRICT _____

I nominate (print) _____

UFT ID # _____ Home Tel. No. (_____) _____

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Non-DOE Email _____

Paraprofessional Representative:

Name (print) _____

UFT ID # _____ Home Tel. No (_____) _____

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Non-DOE Email _____

Date: _____ Signature _____

Paraprofessional Representative:

Name (print) _____

UFT ID # _____ Home Tel. No (_____) _____

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Non-DOE Email _____

Date: _____ Signature _____

NOTE: Nominating forms must be received at the UFT Borough Office by:
5PM, Friday, March 19, 2021