



United Federation of Teachers
A Union of Professionals

PHYSICAL/OCCUPATIONAL THERAPISTS CHAPTER
NOMINATING FORM 2024

I hereby nominate for:

Chapter Leader _____

UFT ID# _____ Personal Email _____ Home Tele _____

Vice Chairs:

Occupational Therapist _____

UFT ID# _____ Personal Email _____ Home Tele _____

Physical Therapist _____

UFT ID# _____ Personal Email _____ Home Tele _____

Secretary _____

UFT ID# _____ Personal Email _____ Home Tele _____

At-Large Positions:

Occupational Therapist Regional (General Ed) _____

UFT ID# _____ Personal Email _____ Home Tele _____

Physical Therapist Regional (General Ed) _____

UFT ID# _____ Personal Email _____ Home Tele _____

Occupational Therapist Regional Citywide (District 75) _____

UFT ID# _____ Personal Email _____ Home Tele _____

Physical Therapist Regional Citywide (District 75) _____

UFT ID# _____ Personal Email _____ Home Tele _____

Delegate Assembly delegate _____

UFT ID# _____ Personal Email _____ Home Tele _____

Delegate Assembly delegate _____

UFT ID# _____ Personal Email _____ Home Tele _____

Nominated by (Print) _____ UFT ID# _____

Signature _____ Personal Email _____ Home Tel. _____

The deadline for the receipt of nominations and statements at UFT is Friday, April 12, 2024.