



United Federation of Teachers
A Union of Professionals

PARAPROFESSIONAL NOMINATING FORM 2024
DELEGATE TO UFT DELEGATE ASSEMBLY

Name of candidate (print) _____

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

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Personal Email _____

Ballot Identification _____
(Name of Slate, Independent)

Member Sponsors: One (1) required. Members may nominate themselves.

FULL NAME (print)	SIGNATURE	UFT ID	SCHOOL
1.			
2.			
3.			
4.			

**Nominating forms must be received by the UFT Election Coordinator, Yasmin Colon, at UFT,
50 Broadway 13th Fl, New York, NY 10004, by 5 pm on Friday, April 12, 2024.
Electronic signatures will not be accepted.**