



United Federation of Teachers
A Union of Professionals

PARAPROFESSIONAL NOMINATING FORM 2024
DISTRICT COORDINATOR, DISTRICT _____

I nominate (print) _____

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

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Personal Email _____

Paraprofessional Representative:

Name (print) _____

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

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Personal Email _____

Date: _____ Signature _____

Paraprofessional Representative:

Name (print) _____

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

Home Address _____ Apt. No. _____ Zip Code _____

School _____ District _____ Personal Email _____

Date: _____ Signature _____

Nominating forms must be received at the respective borough office by 5 pm on Tuesday, April 2, 2024.