



DIVISION OF HUMAN CAPITAL

APPLICATION FOR WITHDRAWAL OF RESIGNATION / RETIREMENT

This application contains three pages that must be completed in full- (1) Personal & Employment Information; (2) Guidelines and Statement/Notarized Signature; (3) Authorization for Release of Information.

SECTION I PERSONAL INFORMATION

Date (MM/DD/YYYY)

Last Name

First Name

NYC EIS/File #

Social Security Number (LAST 4 DIGITS ONLY)

Home Address

City

State

Zip code

Home Phone

Email Address

SECTION II TEACHING SERVICE IN NYC PUBLIC SCHOOLS PRIOR TO RESIGNATION/RETIREMENT

License Area and Level

Date of Resignation/Retirement

Last District/Borough/School

SECTION III EMPLOYMENT SINCE RESIGNATION/RETIREMENT FROM NYC PUBLIC SCHOOLS

Name of (Non-DOE) School District and/or Employer/Company

Name of Principal/Supervisor

Address

City

State

Zip

Employer Phone Number

Employer Fax Number

Dates of Employment:

From (MM/DD/YYYY)

to (MM/DD/YYYY)

Title/Position Held

Are you currently employed?

YES

NO

If NO, briefly give reason for Separation from Service at Above Position

Please read carefully:

An employee who has resigned may be permitted to withdraw a resignation as outlined below, providing the following conditions exist:

- At the time of resignation, the individual had completed at least one year (or two full school terms) of satisfactory, regularly appointed service under the license;
- The license has not been invalidated, and is not subject to such action for failure to satisfy certification requirements;
- Employees who were tenured prior to the resignation will not have to serve a probationary period, provided withdrawal of resignation occurs within five years of the resignation.
- Employees who were tenured prior to a resignation and withdraw the resignation after five years have transpired, must serve a two year probationary period;
- Employees who were not tenured prior to resignation must serve a three year probationary period following withdrawal of resignation;
- Employees withdrawing their retirement shall be required to serve a probationary period of four (4) years per Chancellor's Regulation C-205 after July 1, 2015.
- Employees will be permitted to withdraw a resignation subject to medical approval, fingerprint clearance/satisfactory application review; and verification of employment (since resigning/retiring from the New York City public schools.)
- **Approval of withdrawal of resignation or withdrawal of retirement shall be contingent upon 1. receipt of a written request to fill a vacancy approved by the HR Director which confirms the availability of a clear vacancy into which the returning employee can be placed, subject to any existing hiring restrictions. 2. A valid NYCDOE security clearance. Please be advised that withdrawal of retirement also is subject to approval of the applicable retirement system.**

IMPORTANT NOTICE: Employees who are absent for 20 consecutive school days or more without notice are deemed to have resigned in accordance with applicable collective bargaining agreements. Also considered to have resigned are employees who have failed to return following leaves of absence. It has been upheld by arbitration that employees deemed to have resigned in accordance with such agreements are not eligible for withdrawal of resignation.

Social Security Number (LAST 4 DIGITS ONLY) _____

PRINT NAME: _____, being duly sworn, deposes and says, I the undersigned, transmitted to the Chancellor my resignation as a teacher in the schools of the City of New York on or about _____ (MMDDYYYY) , now, therefore, in consideration of being allowed to withdraw my aforesaid resignation, under the Chancellors Regulations (former Bylaw Section 255 adopted on April 9, 1953); and of being restored to a teaching position; and other good and valuable considerations; and in view of the fact that I have since my said resignation rendered no service to the Department of Education except as a substitute teacher, for which service I have been compensated in full, I do hereby release the Board of Education from any and all claims that I, or my heirs, executors, administrators, or assigns, may have for salary or salary increment, or service credit, for any purpose whatsoever from _____ (DD/MM/YYYY) , the date upon which my said resignation became effective, to the date upon which I shall be regularly restored to a position on the teaching staff; and I do hereby agree to serve a probationary period of appointment in accordance with the Regulations of the Chancellor. I also understand that this withdrawal is contingent upon a NYCDOE security clearance and any reinstatement will not be processed if I am denied a NYCDOE security clearance.

I make this affidavit knowing and intending that the Department of Education and the Chancellor will rely thereon in granting me permission to withdraw my resignation.

Applicant Signature _____

Sworn to before me this _____ day of _____ 20 _____

STATE OF NEW YORK, COUNTY OF _____

Notary Signature: _____



DIVISION OF HUMAN CAPITAL

Office of Field & Information Services

AUTHORIZATION FOR RELEASE OF INFORMATION

(for use with the Withdrawal of Resignation/Retirement Form)

I,

_____,
First and Last Name

Social Security No. (LAST 4 DIGITS ONLY)

Declare and affirm, under the penalties of perjury, that I have read and understand the statement contained on the application for Withdrawal of Resignation/Retirement and that the statements contained are true and correct to the best of my knowledge. I hereby authorize the verification or release of employment information listed on the application for my reinstatement.

Signature

Date