



DIVISION OF HUMAN RESOURCES

APPLICATION FOR WITHDRAWAL OF RESIGNATION / RETIREMENT

This application must be completed in full- (1) Personal & Employment Information; (2) Guidelines and Statement/Notarized Signatures; (3) Authorization for Release of Information; (4) Principal's Authorization. Please ensure to upload all required supporting documentation and signatures to OFIS@schools.nyc.gov for review and consideration. PLEASE NOTE: The completed application must be received no more than 30 days after being nominated by a school.

Instructions

Please read carefully:

An employee who has resigned may be permitted to withdraw a resignation/retirement subject to the conditions set forth in Chancellor's Regulation C-205 and the conditions outlined below:

- At the time of resignation/retirement, the individual had completed at least one year (or two full school terms) of satisfactory, regularly appointed service under the license.
- Employees who were not tenured prior to resignation must serve a probationary period of four (4) years following withdrawal of resignation.
- 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/retirement will not have to serve a probationary period, provided withdrawal of resignation/retirement occurs within five years of the resignation/retirement.
- Employees who were tenured prior to a resignation/retirement and withdraw the resignation/retirement after five years have transpired, must serve a two-year probationary period.
- 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/retirement subject to medical approval, fingerprint clearance/satisfactory application review; and verification of employment (since resigning/retiring from New York City Public Schools.)
- **Approval of withdrawal of resignation or withdrawal of retirement is within the discretion of the Department and applicants must provide the following: 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 NYC Public Schools security clearance. Please be advised that withdrawal of retirement also is subject to approval of the applicable retirement system.**
- **PRIOR to uploading your documents, please secure your principal's signature and approval.**

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. Employees who have been deemed to have resigned in accordance with such agreements are not eligible for withdrawal of resignation/retirement.

SECTION I – PERSONAL INFORMATION

Date of Application Submission (MM/DD/YYYY)

Last Name

First Name

NYC EIS/File #

Employee ID

Social Security Number (LAST 4 DIGITS ONLY)

Home Address

City

State

Zip code

Home Phone

Cellular 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-NYCPS) School District and/or Employer/

Company Name of Principal/Supervisor

Address

City

State

Zip code

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

Social Security Number (LAST 4 DIGITS ONLY) _____

PRINT NAME: _____, being duly sworn, deposes and says, I the undersigned, transmitted to the Chancellor my resignation/retirement 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/retirement, 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/retirement 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/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 an NYC Public Schools security clearance.

I make this affidavit knowing and intending that NYC Public Schools and the Chancellor will rely thereon in granting me permission to withdraw my resignation/retirement.

Applicant Signature _____

Sworn to before me this _____ day of _____ 20 _____

STATE OF NEW YORK, COUNTY OF _____

Notary Signature: _____



DIVISION OF HUMAN RESOURCES

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



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PRINCIPAL'S AUTHORIZATION

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

I, _____, _____,
First and Last Name

Principal of _____ have received appropriate
Name of School

notice and approve the Withdrawal of Resignation/Retirement of

Name of Applicant

EIS File Number

License/Subject Area

Proposed Hire Date

Signature

Date