

**NEW YORK CITY DEPARTMENT OF EDUCATION
65 COURT STREET
BROOKLYN, NEW YORK 11201**

LEVEL 1 COMMITTEE FORM

POSITION: _____

SCHOOL: _____ **DISTRICT:** _____

VACANCY POSTING DATE: _____

COMMITTEE:

NAME:

TITLE:

CERTIFICATION STATEMENT: This is to confirm that the Level I Committee members listed above were selected in accordance with Chancellor's Regulation C-30.

Signature of ISC HR Manager

Date

ISC