

DUES DEDUCTION FORM

Payroll Authorization for Elko County Support Staff Organization and Declaration:

I hereby authorize the Elko County School District to deduct from my salary and pay to the Elko County Support Staff Organization the total monthly amount agreed to by the Organization and me. I understand I can only rescind this authorization according to the Organization bylaws in the membership form I have signed with the ECSSO/NSEA as follows:

*“...that I may revoke this authorization by giving written notice to that effect to my employer and the local association between **July 1 and July 15** of any calendar year...”*

The District is held harmless concerning any dispute between myself and ECSSO/NSEA involving deduction of my dues. The Association will inform the District of the amount to be deducted from my paycheck.

This authorization of Dues Deduction is subject to the requirements of Article 3 of the Master Agreement between the District and the ECSSO.

Signature of Employee- Member

Date

PRINTED NAME

Social Security Number

The amount to be deducted on a monthly basis from the above member’s paycheck is:

DUES: _____ Full-time (8 to 6hrs.)
 _____ Part-time (4 to <6hrs.)

Signature of Authorized ECSSO Official