

**EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FOR
WESTMINSTER EDUCATION ASSOCIATION DUES
Licensed and Educational Support Professionals
2010-2011**

NAME (Please Print) _____

SOCIAL SECURITY NUMBER _____

Adams County School District 50, hereinafter referred to as "the District" is authorized and requested to deduct the sum stated below from each monthly salary check payable to me beginning after the date stated below. The District will remit to the Westminster Education Association, hereinafter referred to as "WEA," such deductions for the purposed of dues payment. I understand this authorization will remain in effect unless I provide written notification to the WEA and the District to cancel this authorization between June 1st and June 15th.

I also understand the monthly amount to be deducted in future years will be certified by WEA to the District by August 15th annually as long as this authorization is in effect and Article 33 of the Licensed Agreement and Article 16 of the Educational Support Professionals Agreement between WEA and the District are in effect. I expressly agree that the District shall not be liable in any way for any oversight, omission or failure in the making of such remittance, or be under any obligation to see that dues receipt and application of said amount is paid.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payment may be deductible as a miscellaneous itemized deduction.

**The current monthly deduction amount (12-month deduction) is:
(circle correct amount).**

****Licensed Personnel**

Full-time	\$69.47
Part-time	\$35.15
Full-time first year	\$43.73
Part-time first year	\$22.30

****Educational Support Professionals**

Full-time	\$35.86
Part-time*	\$18.37
Full-time first year	\$23.01
Part-time first year*	\$11.94

*ESP members working at least 1387.5 hours shall be considered full time.

Signature _____

Date: _____

