

APPENDIX C
Independence Community School District
1207 First Street West
Independence, Iowa 50644

Payroll Deduction Authorization for Education Association Dues

TO: *Administration Office, Independence Community School* Date: _____

I hereby request and authorize the Board of Education of the Independence Community School District as my remitting agent to deduct the following education association dues from my earnings. It is understood that the total dues deduction be divided into ten (10) equal installments with the first deduction occurring on September 20, or upon my first pay day if later, and the last on the following June 20. This form must be filed with the Secretary of the Board of Education by September 10 of the current school year, or by the 10th day of the month immediately following initial employment. I understand that this payroll authorization will not be altered during the course of the fiscal year, but the same may be revoked by me at any time by thirty (30) days written notice to the Secretary of the Board of Education.

My education association dues are as follows:

| | |
|---------------------------------|----------|
| NEA Dues..... | \$ _____ |
| ISEA Dues..... | \$ _____ |
| Uniserv Support (NEIEU)..... | \$ _____ |
| Local dues..... | \$ _____ |
| ISEA PAC..... | \$ _____ |
| NEA FCPE (Children's Fund)..... | \$ _____ |
| ISEA Scholarship..... | \$ _____ |
| TOTAL..... | \$ _____ |

It is further understood that the Independence Community School District does not assume any responsibility for the accuracy of the amounts shown for dues as outlined above. I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization and relieve the Board of Education and all its officers from any liability therefore. I revoke any and all instruments heretofore made by me for such purposes.

| | | |
|---------------------|------------|----------------------|
| _____ | _____ | _____ |
| Building Assignment | Print Name | Employee's Signature |

PLEASE RETURN THIS FORM TO IESP MEMBERSHIP CHAIR

FOR ADMINISTRATION OFFICE ONLY

\$ _____ 10 PAY PERIODS = \$ _____ MONTHLY

| | |
|---------------------------------|------------------------------|
| _____ | _____ |
| IESP Membership Chair Signature | Director of Business Affairs |