

State of Kansas

Please print or Type: Organization Name

Local Union No. _____ Council No. _____

AUTHORIZATION FOR PAYROLL DEDUCTION EMPLOYEE ORGANIZATION MEMBERSHIP DUES

Agency Name or No.	Employee ID	Employee Name (Please Print) First Middle Initial Last		
Organization No.		Street Address		
For Agency Use Only		City	State	Zip Code
Effective Date	Beginning of Pay Period	Classification		Job Title

Authorization

- 1 I hereby authorize the Director of the Department of Administration Statewide Payroll to make regular payroll deductions from my earnings for the amount certified by the above employee for membership dues. This authorization-assignment shall remain in effect for no less than 180 days and shall be terminated at any time thereafter upon 30 days prior written notice by me of termination of the authorization-assignment.
- 2 Cancel my employee dues deduction, effective

_____ Date

_____ Date

_____ Signature of Employee