

**SCHOOL DISTRICT NO. 1, DENVER COLORADO
SALARY DEDUCTION AUTHORIZATION FORM
FOR USE, BY
THE FACILITY MANAGERS ASSOCIATION**

**Secretary-Treasurer
School District No.1
900 Grant Street
Denver, Colorado**



This deduction authorization supersedes any previous Salary Deduction Authorization form executed by me for the purpose stated below:

Until further notice, you are hereby requested and authorized to deduct \$20.02 from each check payable to me as an employee of the School District as and for the dues required for membership in the Facility Managers Association, Colorado Education Association, and National Education Association, beginning with all such checks due to me after the date of __/__/____, or at least twenty (20) days after the receipt of this request to allow for normal processing of the request. You are authorized to remit this amount to the Treasurer of the Denver Public Schools Facility Managers Association. You are further authorized to increase or decrease such deductions by the amount of any increase or decrease in the dues specified above as you shall be advised in writing by the Association in accordance with Article 2.3.1 of the current Memorandum of Understanding between the Facility Managers Association and the School District and you are authorized to make deductions in accord therewith even if such amounts are more or less than actually required by said organizations.

I agree that the deduction shall continue if I am employed by School District No. 1, or until revoked by written notification received by the School District during the revocation period of September 1st through September 10th of each year, per Article 2.4 of the current Memorandum of Understanding between the Facility Managers Association and the School District.

I expressly agree that neither you nor School District No. 1 shall be liable in any form whatsoever for any oversight, omission, or failure in the making of any remittance, nor be under any obligation to see to the due receipt and application of said payment by the Treasurer of the Facility Managers Association.

It is further understood and agreed that this service is performed at my request and in compliance with the Memorandum of Understanding between the Facility Managers Association and School District No. 1 as is current at the time of this request. I also understand that my association dues may not be deducted for income tax purposes except under limited circumstances

First name M.I. Last Name

Mailing Address City State Zip

Home Phone Cell Phone Personal Email DPS Email

Employee ID School/Work Site Names Job Title

Last 4 Digits of SSN Date of Birth Today's Date Signature

T-Shirt Size: _____

Jacket Size: _____