

JCCC

Johnson County Community College
12345 College Blvd.
Overland Park, Kansas 66210-1299
(913) 469-8500

DATE: _____

TO: PAYROLL OFFICE - FINANCIAL SERVICES

FROM: _____
(Faculty Association Member Name – Please print)

SUBJECT: AUTHORIZATION FOR PAYROLL DEDUCTION OF FACULTY
ASSOCIATION DUES

I hereby authorize and direct the Board of Trustees of the Johnson County Community College through its officers, agents, and employees, to deduct semi-monthly from that portion of any salary due me on each paycheck the amount as certified by the Johnson County Community College Faculty Association for current dues. It is my understanding that the gross annual dues of the Association shall be determined annually by the Association and reported to the Payroll Office on or before June 15 of each year. I further authorize and direct the College to transfer and pay such sum to the Treasurer of the Association, as it shall from time to time determine.

In consideration for the above described service rendered by the Board of Trustees of the Johnson County Community College, its officers, agents, and employees, the undersigned hereby releases and discharges the Board, its officers, agents, and employees of and from any and all liability whatsoever arising as a result of the authorization herein given.

This authorization is revocable by me upon written notice to the Payroll Office at any time, but will otherwise remain in effect during the term of this Master Agreement. This authorization is subject to all conditions and limitations of the Master Agreement executed by the College and the Johnson County Community College Faculty Association.

Signed: _____

JCCC ID Number: _____

Date Signed: _____

Note: Please sign and return this authorization form to the Payroll Office. Deductions will be made in equal amounts, semi-monthly, beginning with the first paycheck possible after receipt of this form on or before September 1, November 1, February 1 and continue thereafter.