



COUNCIL OF SCHOOL OFFICERS
LOCAL 4



**COUNCIL OF SCHOOL OFFICERS
AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS, LOCAL 4 (AFL – CIO)**

**RICHARD JACKSON
PRESIDENT**

**BARBARA B. CHILDS
EXECUTIVE VICE PRESIDENT**

**AUTHORIZATION OR CANCELLATION OF VOLUNTARY DEDUCTION
FOR PAYMENT OF LABOR ORGANIZATION DUES**

SECTION A TO BE COMPLETED BY EMPLOYEE

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone: _____

Email Address: _____

Employee ID (On Pay Check): _____

Effective Date: _____

I hereby authorize a deduction of \$37.21 from my pay each pay period to be forwarded to the labor organization name below:

DC Government Agency:

New Application

DC Public Schools

Check One

Deduction Payroll Code 0110

Cancellation Payroll Code 000

Signature of Employee

SECTION B TO BE COMPLETED BY LABOR ORGNAIZATION

Labor Organization: American Federation of School Administration, CSO, AFL-CIO, Local 4

Signature and Date of Authorized Official _____ Date _____

Please note: If forms do not meet the requirements below, they will not be processed and will be returned to the Labor Organization:

- ❖ This form must be dated and signed by employee and authorized Union representative.
- ❖ This form must contain original signatures of the employee and authorized Union Representative
- ❖ This form must be submitted to the Office of Labor Relations and Collecting Bargaining (or the Independent Agency) within one year of the date of the employee's or the Union's Representative signature. Forms more than one year will not be processed.

Submit: _____