SCHOOL DISTRICT NO. 1, DENVER, COLORADO
OFFICIAL SALARY DEDUCTION AUTHORIZATION FORM CODE 110
School Year 2014-2015

DENVER CLASSROOM TEACHERS ASSOCIATION
1500 GRANT STREET SUITE #200
DENVER, COLORADO 80203
(303) 831-0590 FAX# (303) 831-0591

Dear Sir or Madam:

I hereby authorize you to deduct ***$67.61*** a month from my salary as and for the dues required for membership in Denver Classroom Teachers Association, Colorado Education Association, and National Education Association; and to transmit said amounts to the Treasurer of the Denver Classroom Teachers Association. Such deductions shall be in the amount of one-twelfth (1/12) of said annual dues and shall be made from my monthly salary payments for each month that I shall be entitled to receive salary payments from School District No. 1 in the City and County of Denver and State of Colorado. Should I as a contract teacher resign my employment after May 31, all dues then remaining unpaid shall be deducted from the final salary payment due to me after all lawful deductions, withholdings and setoffs. Should my employment as a long-term substitute be terminated, voluntarily, dues shall be deducted only for that month and I will be liable for the balance of the year's dues.

You are further authorized to increase or decrease such deductions by the amount of any increase or decrease in the annual dues specified above as you shall be advised in writing by the Treasurer of the Denver Classroom Teachers Association by the said Treasurer and you are authorized to make deductions in accord therewith even if such amounts are more or less than actually required by said organizations.

You are further authorized to deduct and retain an additional amount from my salary as and for a service charge to help defray the costs of making this dues deduction as may be agreed upon from time to time by the School District and the Denver Classroom Teachers Association. I have been informed that this charge is currently 5 cents per month.

This deduction authorization shall be effective on the date hereof but you shall not be required to make deductions from my salary payment for the current month unless this authorization is delivered to you prior to the tenth day of this month. Further, I agree that this authorization may be revoked only during November 1 through November 15 (according to Article 23 of the Master Agreement).

I expressly agree that neither you nor School District No. 1 shall be liable in any way whatsoever for any oversight, omission, or failure in the making of any remittances, not be under any obligation to see to the due receipt and application of said payment by the Denver Classroom Teachers Association. This dues deduction authorization supersedes any previous Denver Classroom Teachers Association Salary Deduction Authorization form executed by me.

I understand that dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible as a miscellaneous itemized deduction.

NAME: _____ **EMPLOYEE#:** _____ **DATE OF BIRTH:** _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIPCODE:** _____

PERSONAL E-MAIL ADDRESS: _____ **SCHOOL EMAIL ADDRESS:** _____

SCHOOL NAME: _____ **CELL PHONE:**_____ **HOME PHONE:** _____

SCHOOL ASSOCIATION REPRESENTATIVE: _____ **FIRST YEAR IN TEACHING PROFESSION: YES**_____**NO**_____

DATE JOINED: _____ **SIGNATURE:** _____

OPTIONAL:

ETHNICITY:
- ☐ AMERICAN INDIAN/ALASKA NATIVE
- ☐ ASIAN/PACIFIC ISLANDER
- ☐ AFRICAN-AMERICAN/BLACK
- ☐ HISPANIC/LATINO
- ☐ MULTI-RACIAL
- ☐ CAUCASIAN NOT OF HISPANIC/LATINO ORGIN

POLITICAL AFFLIATION:
- ☐ REPUBLICAN
- ☐ DEMOCRAT
- ☐ UNAFFILIATED
- ☐ OTHER POLITICAL PARTY

GENDER:
- ☐ MALE
- ☐ FEMALE

U.S CITIZEN:
- ☐ YES
- ☐ NO