

KENOSHA SCHOOL ADMINISTRATORS ASSOCIATION
AUTHORIZATION OF DEDUCTION FORM

I, _____, authorize the Kenosha Unified School District to deduct Education Leaders of Kenosha (E.L.K.) dues in the amount of \$10.00 each month (twelve months per year).

This authorization will remain in effect until written notice is sent by me to the Payroll Department to change or cancel this deduction.

Signature

Date

For Payroll Use:

Employee Type: _____

Employee Number: _____