



Union Dues Deduction Request Form

This authorization and payroll deduction agreement is made by the undersigned, as an employee of the Boulder Valley School District RE-2 ("School District").

Employee Name (Please Print)

Employee Number (or 9-digit Social Security #)

<i>Union (check all that apply) *</i>	<i>Start</i>	<i>Change **</i>	<i>Monthly amount</i> <small>For Payroll use only—use current rates</small>	<i>Stop</i>
<input type="checkbox"/> <i>BVCEA (Classified)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/mo __ 12 __ 10	<input type="checkbox"/>
<input type="checkbox"/> <i>BVEA (Teachers)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/mo __ 12 __ 10	<input type="checkbox"/>
<input type="checkbox"/> <i>BVEOP (Office Professionals)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/mo __ 12 __ 10	<input type="checkbox"/>
<input type="checkbox"/> <i>BVPA (Paraeducators)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/mo __ 12 __ 10	<input type="checkbox"/>

* **Only those items checked above will be processed**

** **Please explain change:** _____

*I hereby authorize the School District to make the change(s) and deduct from my compensation the amount(s) shown above for the purpose indicated on this agreement. This authorization shall be effective on the regular payday for the "Effective Month of Agreement" stated below and shall continue thereafter until the cessation of my employment with the School District or until modified or revoked by the delivery of a subsequent written notice from me to the School District Payroll Department. **Agreements received, on approved forms, in the Payroll Department by the 20th of the month (10th in December) will be effective for that current month.***

In authorizing this payroll deduction for union dues, I represent to the School District that I have had sufficient opportunity to investigate and review the option selected with such independent assistance and counsel as I have deemed necessary, and have selected the option voluntarily, without relying upon any representation by the School District or its employees.

I understand and agree that monthly contribution amounts for Union dues are subject to change at least annually, and when informed of new contribution amounts by the respective Union, the School District will adjust my deduction without prior notification to me. Any questions regarding Union dues, activities, etc will be referred to the respective Union.

I hereby acknowledge receipt of this agreement and agree to the stipulations contained herein.

Effective Month of Agreement (MM/YY)

Employee Signature

Date