



801 S. Perry Street, Suite 140
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AUTHORIZATION FOR PAYROLL DEDUCTION – CLASSIFIED MEMBERSHIP

Effective Date: _____

Print Name: _____ Payroll ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Site/Name, Phone: _____

Department/Grade/Position/: _____

School Email Address: _____ Date Hired: _____

School district in which you reside: _____

I authorize Douglas County School District RE 1 to withhold from my pay the monthly amount of dues duly established by the Douglas County Federation of Classified Employees as certified by the DCFCE officers to the District.

Signature: _____ Date: _____

Note: Dues For Classified Employees: Wages under 12K - \$9.19 Per Month, Wages over 12K - \$18.38 per month. Dues paid To Douglas County Federation Of Classified Employees are deductible for Federal Income Tax purposes.