



801 S. Perry Street, Suite 140
Castle Rock, CO 80104
Phone: 303-688-3381
Fax: 303-688-1039
Website: DCFT.net

AUTHORIZATION FOR PAYROLL DEDUCTION – CLASSIFIED MEMBERSHIP

Effective Date: _____

Print Name: _____ Payroll ID #: _____

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

Home Phone: _____ Site/Name, Phone: _____

Department/Grade/Position/: _____ Date Hired: _____

School district in which your residence is located: _____

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/Yr. - \$9.52 Per Month, Wages over 12K/Yr. - \$19.03 Per Month. Dues paid to Douglas County Federation of Classified Employees are deductible for Federal Income Tax Purposes.