

**CITY ASSOCIATION OF SUPERVISORS AND ADMINISTRATORS (CASA)
AUTHORIZATION FOR DEDUCTION OF DUES FROM SALARY**

SS# (OPTIONAL)	ID#	SCHOOL/WORK LOCATION :	
MR., MRS., MS., MISS, DR.: <i>(please print)</i>			
		<i>(Last Name)</i>	<i>(First Name)</i>
HOME ADDRESS			
	<i>(Street)</i>	<i>(City)</i>	<i>(State) (Zip Code)</i>
HOME PHONE:	CELL PHONE:	SCHOOL/WORK PHONE:	

I hereby authorize The Newark Board of Education to deduct from my salary and remit to CASA an amount sufficient to provide for regular payment of the membership dues, as are now or may hereafter be fixed by the by-laws of CASA in equal payments over the remainder of this school year and for succeeding school years.

I understand The Newark Board of Education will discontinue such deductions for any school year only if I notify The Newark Board of Education in writing to do so by January first or July first of that year. I hereby waive all rights to any claim for said monies so dedicated and transmitted in accordance with this authorization and relieve The Newark Board of Education and all of its officers from liability thereof.

(E-)SIGNATURE (OR IN INK):	NBOE EMAIL ADDRESS:
POSITION:	HOME EMAIL ADDRESS:
	DATE: