UNIFORM POLITICAL ASSESSMENT AUTHORIZATION

Collier TIGER

Together In Government & Education Reform

Please check your unit:

☐ **CCEA** ☐ **CCAEOCAP**

_____

Last Name First MI

_____

Address City State Zip Code

_____

Home E-mail Address

_____

School/Work Center Position Employee ID

To: SCHOOL BOARD OF COLLIER COUNTY

I hereby authorize you, according to arrangements agreed upon with the Collier County Education Association and the Collier County Association of Education Office and Classroom Aide Personnel, to deduct from my salary and transmit to said Association, the appropriate Uniform Political Assessment as certified by said Association. I hereby waive all rights and claims to said moneys so deducted and transmitted in accordance with this authorization and relieve the School Board and all its officers from any liability therefor. This authority shall remain in full force and effect for all purposed until revoked by me in writing upon thirty (30) days advance written notice and such notice shall be forwarded directly to the business office of the Association and the School Board.

_____

Employee Signature Date

_____

Recruited By Date