



DISTRICT OFFICE
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Professional Dues Payroll Deduction

This form is required **ANNUALLY** to **authorize** the payroll deduction of professional dues.

This form may also be used to **cancel** the payroll deduction of professional dues mid-year.

Section 1: Participant Information	
PRINT Name:	

Section 2: Add Payroll Deduction	
<i>Complete this section to authorize Smithville School District to make a monthly payroll deduction for professional dues.</i>	
Professional Organization:	
Annual Cost of Dues:	Monthly Cost of Dues (Annual dues divided by 10 months):
Effective Date: September 25 th <i>Form is due by the 2nd Friday of September. Payroll Deduction will begin in September and end in June equaling 10 payments (EXCEPT for mid-year hires).</i>	

I authorize the above post-tax salary deduction to be made from my pay starting September to June of the current school year. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification to the payroll department.

Initials: _____

Section 3: Cancel Payroll Deduction
<i>Complete this section to stop payroll deduction for professional dues.</i>
Professional Organization:
Effective Date: <i>Form is due by the 2nd Friday of the month prior to the cancellation month.</i>

I no longer desire to participate in post-tax salary deduction for the above listed professional dues. Please cancel the above deduction as of the above effective date (pay-date). Please refer to the payroll schedule available in the Human Resources section of the Staff portal for payroll cut-off dates.

Initials: _____

Participant Signature: _____ Date _____

Consent to Communicate and Release MSTA Payroll Deduction

Smithville School District cannot disclose your personal payroll deductions to any person or organization without your written consent, except where authorized by law. If you so wish, this form allows you to name MSTA President – Smithville School District Chapter as your representative to communicate with MSTA and Smithville School District on your behalf.

This Consent includes the authority for MSTA to receive your professional dues payroll deduction information from your representative and for Smithville School District to disclose your professional dues payroll deduction to your representative, including the release of copies of records on file.

This form does NOT give your representative the authority to make decisions on your behalf.

I, _____, give consent for the exchange of information as
Print Employee's Full Name

stated below between _____, President of
Print Representative's Full Name

Smithville School District MSTA and Smithville School District Benefits/Payroll department.

The exchange of information is limited to:

- Employee Name
- Employee title/work location
- Employee professional dues payroll deduction amount
- Receipt of Consent to Communicate and Release Professional Organization Payroll Deduction
- Receipt of Professional Dues Payroll Deduction form – initiate deduction
- Receipt of Professional Dues Payroll Deduction form – terminate deduction

This form is valid for the current school year. This form must be completed annually for exchange of professional dues/payroll deduction information.

I understand that by signing this form I am giving my MSTA representative and Smithville School District the authority to give and receive the above stated information on my behalf. I am not, however, giving my MSTA representative the authority to make decisions on my behalf.

Employee Signature

Date