

**KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
AUTHORIZATION AGREEMENT FOR PAYROLL DEDUCTION**

As an employee of (KCTCS), you can take advantage of the convenience of having your organization dues automatically deducted from your payroll check.

Questions You May Have About the Dues Deduction Program

1. How do I know that a deduction has been made to my payroll check?
You will receive an earnings statement on that shows details of your deduction.
2. What do I do if I want to make a change once I am in the program?
To make a change, you must complete a new Authorization Agreement for Deduction. The change will probably take one month, during which time you may need to make payments directly yourself.

3. When will the deduction begin if I choose to participate?
Normally, two pay periods after the Payroll Department receives your "Authorization Agreement for Deduction." On the first payday after the form is received, a prenotification is sent to the financial institution of the organization to receive the dues/contribution to insure the accuracy of the bank and account numbers. After the prenotification has been successfully completed deductions will begin on the next payday.
4. If I choose to participate, will all dues/contributions be automatically deducted?
Yes, if they are approved by KCTCS.

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Employee Names: _____ Social Security Number:
Last First Initial

Organization to receive the deduction **Kentucky Faculty/Staff Alliance**

Organization Address: P.O. Box 1129, Prospect, Kentucky 40059

☒ "1" New enrollment ☐ "2" Change amounts ☐ "4" Deduction Override

Amount \$ _____ CURRENT DUES

I hereby authorize the KCTCS to deduct automatically,
from my payroll check for the organization indicated above.

Deduction Code

Employee Signature

Date

Kentucky Faculty/Staff Alliance-AFT Local 1360

Membership Application and Dues Authorization

The Kentucky Faculty/Staff Alliance has been established as a local affiliate (#1360) of the American Federation of Teachers (AFT) to advance the interest of faculty/staff working in the Kentucky Community and Technical College System. I support the Faculty/Staff Alliance as a representative for KCTCS employees.

Soc. Sec. # _____
Name _____
Address _____
City _____ State _____ Zip _____
County of Residence _____ E-mail _____
Home Phone _____ Office Phone _____ Ext. _____
Job Title _____
College/Campus _____
Life Insurance Beneficiary _____
Recruited by _____

I hereby authorize my payroll officer to deduct my KYFSA monthly dues in accordance with the dues structure of the Kentucky Faculty/Staff Alliance-AFT Local 1360.

Signature

Date

Faculty _____

Admin Staff (salaried) _____

Support Staff (hourly) _____

Retiree (Extra) _____ (Basic) _____

A small amount of your annual dues will be designated to FSA's political action fund to support state legislators who have helped FSA. Initial below if you do not want to contribute to this fund.

Initial

**Please complete and return this entire sheet to FSA at PO
Box 1129, Prospect, KY 40059.**

KY Faculty/Staff Alliance
P. O. Box 1129
Prospect, KY 40059

Place
Postage
Here

KENTUCKY FACULTY/STAFF ALLIANCE
AFT LOCAL 1360/AFL-CIO
PO BOX 1129
PROSPECT, KY 40059