

Leon County School District
*Leon Classroom Teachers Association - Leon Educational Staff Professional
Association - Local 1010, District Council 78, I.U.P.A.T.*
Association Dues Revocation Form

An employee desiring to cancel his/her payroll deduction for membership dues to LCTA, LESPA, or Local 1010 shall proceed as follows:

1. Provide the following information:

Name of Employee: _____ Date: _____

Please Print

Signature of Employee: _____

SS#: _____ Cost Center Code: _____

School/Site: _____

I hereby request that my payroll deduction for membership dues to the employee association checked below be cancelled:

Check one:

_____ LCTA

_____ LESPA

_____ Local 1010, IUPAT

Reason(s) for cancellation of association membership:

2. Secure a written acknowledgment of the dues deduction cancellation request by the appropriate employee association.

Form received by: _____ Date: _____

Employee Association Office Staff

3. Submit this completed form to the Leon County School District Payroll Department for a written acknowledgment and processing.

Form received by: _____ Date: _____

Payroll Department Staff

A completed copy of this form is to be provided to the employee by the Payroll Department.

The requested cancellation will be effective at the beginning of the pay period no fewer than thirty (30) calendar days from the date that this form is submitted to the Leon County School District Payroll Department.

Any refund of dues to which you may be entitled is to be provided directly from the employee association with which you are canceling membership.