APPENDIX J - UNIFORM ASSESSMENT AUTHORIZATION

Mr.
Mrs.
Miss_____

(Print) Last Name First Middle Initial

School Name Position Social Security No.

To: School Board of Collier County

I hereby authorize you, according to the arrangements agreed upon with the Collier County Education Association, to deduct from my salary and transmit to said Association, uniform assessments as certified by said Association. I hereby waive all rights and claims to said monies 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 purposes until revoked by me in writing upon 30 days' advance written notice, and such notice shall be forwarded directly to the Business Office and the Association.

Date

Employee Signature