Print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Number Last First Middle Initial

# Council of Black Administrators (COBA)

**SALARY DEDUCTION AUTHORIZATION CARD**

School Position or

Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be filled in before employee signs: May be completed either before or after employee signs:

 (Please check appropriate box below)

(1) Initial deduction for these dues (4) Present deduction $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 a) Regular Member $40.00 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Associate Member $30.00 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Increase my deduction for these dues by $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (5) Increase or decrease $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Decrease my deduction for these dues by $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO: LOS ANGELES CITY BOARD OF EDUCATION:**

You are hereby authorized to make a deduction from my salary ten times a year, in the total amount indicated, for organization dues or insurance premiums, and transmit the deduction to **COBA, P. O. Box 561584, Los Angeles, CA 90056**

If an increase or decrease is requested and the new total deduction amount (No. 5) is not filled in by me, it is understood that the increase or decrease will be added or subtracted by COBA to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases up to a maximum of $25.00 per year and insurance premium increase not over 15% per year for the same basic coverage, may be made at the direction of COBA without execution on my part of a new salary deduction authorization card only if COBA verifies in writing to the district that the blanket notification has been made to its membership of such increase and only if COBA agrees to refund any deduction containing the increase if requested by me in writing to COBA within 30 days from the date the first increased deduction is made.

I further understand and agree that the LAUSD Board of Education or its representative acting under this authorization shall not be liable in any manner for failure or delay on its (his) part in making the deduction or payment herein authorized.

This authorization shall remain in force until canceled by written notice from COBA or myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMPLOYEE’S SIGNATURE APPROVED BY PRESIDENT OR DESIGNEE

EMPLOYEE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE: ASAP

This salary deduction authorization must be received by the Deduction Control Unit of the Payroll Branch by the first Thursday after your regular payday (not ESA payday) in order to be effective for your next regular payday.

**After completion of form, email to:** **COBA81968@gmail.com**

**Subject: COBA Membership**