

Name (Please Print) _____ Employee # _____

Work Location # / Work Location Name _____ Position _____

E-Mail Address (To receive DASA emails) _____ Birthday Month / Date _____

Home Address _____ City _____ State _____ Zip Code _____

Please check one:

- DASA (\$350.00 / \$17.50 per pay) Aspiring Administrator (\$100.00) **(Checks only)**
 FASA (For FASA fees go to fasa.com) Retired Administrator (\$50.00) **(Checks only)**

** Note: Please make checks payable to DASA

I hereby authorize the School Board of Dade County, Florida, to deduct dues from my salary as indicated above and in the future in amounts certified annually by the Dade Association of School Administrators. I authorize the distribution of the monies deducted to the designated organizations and release the School Board and its employees from any liability after the deduction has been distributed. This authorization will remain in effect unless revoked by me. I also pledge to keep my membership active and in good standing for at least one year.

*A portion of the annual dues will be used to support the DASA PAC.

PLEASE RETURN TO: DASA at 1498 NE 2nd AVENUE, SUITE 200, MIAMI, FLORIDA 33132
or via FAX: (305) 579-1068

New member signature _____ Date _____

Recruited by _____ Date _____

Recruiter address _____

Recruiter Ph. _____

Administrators' Sick Leave Bank Enrollment

PLEASE RETURN TO: DASA at 1498 NE 2nd AVENUE, SUITE 200, MIAMI, FLORIDA 33132
or via FAX (305) 579-1068

Employee Number _____ Phone # _____ Work Location # _____

Employee Name _____ Payroll Code (Circle) C H
 (Please Print)

I hereby authorize the School Board of Dade County, Florida to deduct the amount of day(s) as listed below from my personal/sick leave as my initial enrollment in the Administrators' Sick Leave Bank Program. I further authorize an additional day of deduction should the Sick Leave Bank reach a point of depletion. I understand that there is a ninety (90) day waiting period before any claims to the Sick Leave Bank will be honored.

I understand that such membership is revocable upon ninety (90) days written notice to the Dade Association of School Administrators. The minimum deposit, however, shall remain in the Sick Leave Bank.

Only full time administrators who have been employed by Miami Dade County Public Schools for at least one year as an administrator and who have at least five (5) days or more of sick leave, are eligible for initial enrollment.

NUMBER OF SICK/PERSONAL DAY(S) TO BE DEDUCTED: _____ **ONE DAY** or _____ **DAYS**

Employee Signature _____ Date _____