DASA
DADE ASSOCIATION OF
SCHOOL ADMINISTRATORS, INC.

Payroll Deduction Authorization for Administrators

An affiliate of the Florida Association of School Administrators

Name (Print or type last name first) Employee # Social Security #

Work Location # Work Location Name

E-Mail Address (If you would like to receive DASA's e-newsletter) Position

Home Address City State Zip Code

Please check all that apply:

__ DASA ($350.00)
__ FASA (For FASA fees go to fasa.com)
__ DASA Associate Member ($175.00) (**Checks only**)
___ Aspiring Administrator ($100.00) **(Checks only)**
___ 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.

PLEASE RETURN TO: DASA – 1498 NE SECOND AVENUE, SUITE 200, MIAMI, FLORIDA 33132

New member signature _____ Date _____

Recruiter signature _____ Date _____

ADMINISTRATORS' SICK LEAVE BANK ENROLLMENT

PLEASE RETURN TO: DASA – 1498 NE SECOND AVENUE, SUITE 200, MIAMI, FLORIDA 33132

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 fulltime 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.

AMOUNT OF SICK/PERSONAL DAY(S) TO BE DEDUCT: ___ ONE DAY _____ DAYS

Employee Signature _____ Date _____