

Print Name _____
Last First Employee No.

LACESMA
Los Angeles City Elementary Schools Music Association
Salary Deduction Authorization Form

School or Section _____ Position _____

MUST BE FILLED IN BEFORE EMPLOYEE SIGNS: \$5.00 Active (\$50 per year total)
Initial deduction amount for this organization (tenthly-per month)
\$30.00 Sustaining (\$300 per year total)
\$ _____ Other higher monthly donation amount

TO: The 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.

If an increase or decrease is requested and the new total deduction amount is not filled in by me, it is understood that the increase or decrease will be added or subtracted by LACESMA as to the deduction amount previously authorized by me to arrive at a new total deduction. It is expressly understood and agreed that dues increases may be made at the discretion of LACESMA, without execution on my part of a new salary deduction authorization card only if LACESMA verifies in writing to the District that a blanket notification has been made to its membership of such increase and only if LACESMA agrees to refund any deduction containing the increase if requested by me in writing to LACESMA within 30 days from the date the first increased deduction is made.

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

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

Employee Signature David Early – LACESMA President
Approved by: Los Angeles City Elementary Schools Music Association

Employee No. _____ Date: _____ Effective Pay Period _____

The Deduction Control Unit of the Payroll Branch must receive this salary deduction authorization by the first Thursday after your regular payday in order to be effective for your next regular payday.

Send top portion of this form to:
Via School Mail:
Payroll Administration
Deduction Control Unit
Beaudry Bldg.

Email: payrollsupport@lausd.net

US Mail:
LAUSD Payroll Administration
Deduction Control Unit
333 S. Beaudry Ave. 27th Floor
Los Angeles, CA 90017

FAX: (213) 241-6913