



I do hereby authorize a payroll deduction from my paycheck payable to the Nevada Corrections Association in the Amount of \$23 once a month. I understand this authorization is to become effective immediately. I also understand that the amount of the membership dues deduction may increase or decrease if the Association approves an increase or decrease in accordance with its' bylaws and rules of procedure. Furthermore, I acknowledge that I have read and understand the contents of this request and agree to waive any and all claims or causes of action arising from the administration of this payroll deduction, which I may have against the State of Nevada, its agents and employees; all disputes regarding

payroll deductions, including, but not limited to, refunds and missed deductions, are a matter between myself and NCA, the organization receiving this deduction NAC 281.250, as amended and adopted February 4, 2004 provides that a state employee may only cancel a payroll deduction request within the two weeks directly preceding the anniversary date when they initially requested payroll deductions.

Today's Date _____

Date of Hire _____

SSN _____ - _____ - _____

Print Name _____

Signature _____

Address _____

City _____

State NV Zip _____

Phone _____ - _____ - _____

Agency: *Department of Corrections*

Facility _____

Job Title _____