



PAYROLL DEDUCTION AUTHORIZATION

AGENCY

SOCIAL SECURITY NUMBER

EMPLOYEE NAME

PAYROLL TYPE (CHECK ONE)	<input type="checkbox"/> REGULAR	<input type="checkbox"/> CONTRACTUAL	<input type="checkbox"/> UNIVERSITY OF MARYLAND
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DEDUCTION ACTION REQUESTED	DOE CODE	TOTAL AMOUNT	WILL BE DEDUCTED ON THE NEXT AVAILABLE PAY PERIOD UPON RECEIPT AT CPB.
<input type="checkbox"/> INITIATE	77	OLD \$	
<input type="checkbox"/> CHANGE	NAME ON DEDUCTION		
<input type="checkbox"/> CANCEL	SLEOLA	NEW \$ \$12.50	\$12.50

I AUTHORIZE THE STATE OF MARYLAND TO DEDUCT FROM MY SALARY THE AMOUNT INDICATED AND TO FORWARD IT TO **STATE LAW ENFORCEMENT OFFICERS LABOR ALLIANCE**, IN ACCORDANCE WITH ITS BYLAWS AND/OR CONTRACT. I ACKNOWLEDGE THAT THESE DUES AND/OR PAYMENT CAN BE AMENDED. THE DEDUCTION WILL BEGIN ON THE NEXT AVAILABLE PAY PERIOD AFTER BEING RECEIVED BY CPB AND WILL CONTINUE UNTIL WRITTEN NOTICE TO CHANGE OR CANCEL IS SUBMITTED BY ME ON A NEW AUTHORIZATION CARD.

DATE _____

SIGNATURE _____

PHONE NUMBER _____

PLACE OF EMPLOYMENT _____

POLITICAL ACTION COMMITTEE CONTRIBUTION

I AUTHORIZE THE STATE LAW ENFORCEMENT OFFICERS LABOR ALLIANCE TO CONTRIBUTE FIFTY CENTS (\$0.50) FROM EACH BI-WEEKLY DUES ASSESSEMENT TO THE S.L.E.O.L.A. POLITICAL ACTION COMMITTEE. THIS POLITICAL ACTION COMMITTEE HAS BEEN ESTABLISHED FOR POLITICAL PURPOSES, INCLUDING TO AID OR PROMOTE THE ELECTION OF CANDIDATES TO PUBLIC OFFICE. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO CONTRIBUTE TO THE S.L.E.O.L.A. POLITICAL ACTION COMMITTEE WITHOUT REPRISAL. THIS AUTHORIZATION IS VOLUNTARY AND IS ACKNOWLEDGED BY MY CHECK OFF IN THE BOX.

AUTHORIZATION SIGNATURE _____ Date _____

STATE LAW ENFORCEMENT OFFICERS LABOR ALLIANCE

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FAX
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