



PAYROLL DEDUCTION FORM & APPLICATION

I hereby authorize a payroll deduction from my paycheck payable to the Nevada Corrections Association in the amount of \$34 once a month. I understand this authorization is to become effective immediately. I understand that the amount of membership dues deduction may increase or decrease if the Association approves an increase or decrease of dues in accordance with its bylaws & rules of procedure. Furthermore, I acknowledge that I have read & understand the contents of this request & agree to waive any & 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 & employees; all disputes regarding payroll deduction, including, but not limited to, refunds & missed deductions, are a matter between myself & the NCA, the organization receiving this deduction. NAC281.250, as amended & adopted Feb. 4, 2004 provides that a state employee may only cancel a payroll deduction request within the 2 weeks directly preceding the anniversary date when they initially requested payroll deductions.

You can mail us at PO Box 2091 Carson City, NV 89702.

Date: _____ Date of hire: _____ EIN: _____

Print Name _____

Address _____

Home Phone _____ Work Phone _____

Agency _____ Facility _____

Title _____

Non work Email _____

Signature _____

*The NCA is a non profit Organization made up of NDOC & NDF Staff.
All dues go toward representing Nevada State Employees involved
in the supervision of inmates. The NCA retains the services of the
Dyer-Lawrence Law Firm, located in Carson City, to assist its members.*