



Paul Sawyer  
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Staff Association Designation Form

*The purpose of this form is to provide the employee the option of participating in the Staff Association program, or not. Each employee must designate whether they wish to participate or not. Each year, this form must be signed and returned by December 31.*

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I wish to participate in the Staff Association Program for the current calendar year, January 1 – December 31. By agreeing to this, I hereby authorize payment of dues of \$1.00 per pay period, by payroll deduction.

I DO NOT wish to participate in the Staff Association Program for the calendar year, January 1 – December 31.

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Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Human Resources Use Only

Date Recorded \_\_\_\_\_

Notes \_\_\_\_\_

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