State of Kansas
Department of Administration
Office of Accounts and Reports
DA-193 (Rev. 10-2019)

State of Kansas

Please print or Type: Organization Name

Local Union No. _____ Council No. _____

AUTHORIZATION FOR PAYROLL DEDUCTION EMPLOYEE ORGANIZATION MEMBERSHIP DUES

Agency Name or No.	Employee ID	Employee Name (Please Print) First / Middle Initial / Last
		Street Address
Organization No. _____ For Agency Use Only		City / State / Zip Code
Effective Date _____ Beginning of Pay Period		Classification / Job Title

Authorization

1 ☐ I hereby authorize the Director of the Department of Administration Statewide Payroll to make regular payroll deductions from my earnings for the amount certified by the above employee for membership dues. This authorization-assignment shall remain in effect for no less than 180 days and shall be terminated at any time thereafter upon 30 days prior written notice by me of termination of the authorization-assignment.

2 ☐ Cancel my employee dues deduction, effective

_____
Date

_____
Date

_____
Signature of Employee

This completed and signed agreement must be returned to your agency's Human Resources (HR) department prior to the deduction of membership dues authorized by individual employees.