YOU MUST ALSO SEND A COPY OF THIS LETTER TO THE SCHOOL DISTRICT (ADDRESS BELOW)
Elko County School District

850 Elm Street

Elko, Nevada 89801

July 1, 2014

Elko County Classroom Teachers Association

Wells Combined School
Po Box 338
Wells NV 89835

To whom it may concern:

I, FULL NAME, am employed by the Elko County School District in Elko County, Nev. This is my formal notice that I want the ECSD to discontinue payroll deductions for the ECCTA and all affiliated unions from my paycheck for the 2014-15 school year and beyond.

If you refuse to accept this letter as both an effective resignation and an immediate effective dues check-off revocation, I ask that you promptly inform me in writing of exactly what steps I must take to effectuate my resignation of the dues check-off authorization. More specifically, if you contend that I must meet a “window period” in order to revoke my dues check-off authorization, I ask that you promptly send me a copy of the actual dues deduction authorization form that I signed and also tell me specifically what window period dates I must meet in order to revoke the dues check-off authorization.

Pursuant to all applicable labor laws, neither you nor my employer may take any adverse or retaliatory action against me for submitting this resignation.

Sincerely,

NAME

SOCIAL SECURITY NUMBER (last four digits, optional)

ADDRESS 1
ADDRESS 2

CC: Elko County School District