



# Assignment of Salary Administrators

To: Okanagan College  
Payroll Office

Until this authority is revoked by me in writing, I hereby authorize you to deduct annually from my wages and to pay the Okanagan College Association of Administrators, fees in the amount of:

The rate of 1/1000th of annual salary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Legal Name

\_\_\_\_\_  
Employee ID #