NoCASCOE DUES 2018-2019 Letter of Transmittal

Mail To: NoCASCOE
Gail N. White
5716 Old US Highway 70 W
New Bern, NC 28562

_____
(County)
%Membership

_____

Dues: Regular Employees - $3.00 per $1000 of salary as of 07-01-18 (See Enclosed Chart)

Name and Address and **home email** address of **All** County & GS Employees Please check and initial "Receive email" Box so we can email info to you. (Please **include** Grade & Step this helps with the printout from NFC and insures correct amounts are being withheld)	Initial to Receive email	Grade/Step	Regular Or Associate Or non-member	CO Or GS	Dues Paid By YR WH	Amount of Dues Enclosed Check#	

_____ **Person Submitting Report:** _____

Date

SICK LEAVE CERTIFICATES for Eligible Employees: (Do not list if certificate has been issued previously.)

1000 Hours Sick Leave: 1._____ 2000 Hours Sick Leave 1._____
2._____ 2500 Hours Sick Leave 1._____
1500 Hours Sick Leave: 1._____
2._____

HONORARY MEMBERS: Please list below the name and home address of any regular employee who has retired in the past who is eligible for Honorary Membership (continuous member from year NoCASCOE was formed or date of employment).

_____ _____
_____ _____

Secretary's Use: Date Received_____ Cards Mailed_____ Certificates Mailed_____