Wisconsin Association of FSA County Office Employees

http://wisconsin.midwestnascoe.org

Loyalty ★ Service ★ Courtesy ★ Effort

FSA-444 Accompaniment

To: Wisconsin State FSA Office Administrative Office

Dear Wisconsin State FSA Administrative Staff:

Following this cover memo, please find my completed copy of for FSA-444 authorizing payroll deduction for my NASCOE/WASCOE dues. I am requesting that this be set up effective for the payroll deduction to begin in Pay Period _____. I have checked my current grade and authorized payroll deduction amount for you.

Please check your grade level.

☐ Associate Member:	$1.73 per pay period
☐ CO Grade 5 or lower:	$3.27 per pay period (Please list grade: _____)
☐ CO Grade 6:	$3.46 per pay period
☐ CO Grade 7:	$3.65 per pay period
☐ CO Grade 8:	$3.84 per pay period
☐ CO Grade 9:	$4.23 per pay period
☐ CO Grade 10:	$4.61 per pay period
☐ CO Grade 11:	$5.00 per pay period
☐ CO Grade 12:	$5.38 per pay period

Sincerely,

_____ _____

Signature Date

_____

Print Name

_____ _____

Print County Office Name Home Email Address

Revision: July 1, 2024