

NoCASCOE DUES 2023-2024 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 07-01-23 (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) NoCASCOE will be initiating a text alert system. Please include cell no and check/initial to be included.						Regular Or Associate Or non-member	CO Or GS	Dues Paid By YR WH	Amount of Dues Enclosed	
Name/Address	Personal Email	Initial Receive Email	Initial Receive Texts	Cell Phone	Grade/Step				Check#	

Date _____

Person Submitting Report: _____

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 _____