



**TODD ROKITA**  
ATTORNEY GENERAL

July 18, 2022

RE: Annual Notification of School Employees' Rights Under Ind. Code § 20-29-5-6(c)

Dear Superintendent or Director:

During the 2021 legislative session, the General Assembly passed a bill requiring a school employer to annually provide written or email notification to its school employees of the employee's right to cease payroll withholding of exclusive representative organization dues and to withdraw from that organization. The notification must also include an authorization for withholding form ("authorization form") and the full dues the employee will have withheld if the authorization is not revoked before it expires. Each school employer is responsible for drafting a notice that complies with the requirements of the statute, but it is within the employer's discretion as to the language and content of the letter. Ind. Code § 20-29-5-6(d) requires the Attorney General to provide this notice to all school employers.

The authorization form submitted by employees to the school employer must be created by the Attorney General and has been enclosed with this correspondence; you may also find an electronic copy on our website at <https://www.in.gov/attorneygeneral/>. You must use this authorization form to comply with Ind. Code § 20-29-5-6(c). Upon receipt of an authorization form, you must confirm the authorization by sending an email to the employee's work email address and wait for confirmation prior to starting any deduction from pay. If the employee does not have a work email address, you may use another means to confirm the authorization. The authorization form expires after one year and is subject to annual renewal.

Ind. Code § 20-29-5-6(c) gives a school employee the right to resign from the organization at any time and cease the withholding of any dues. **This right may not be waived by the employee.** If an employee wishes to stop withholding organization dues from their pay, they must submit a written or email request to the school employer. Upon receipt of the request, you must cease withholding on the first day of the next pay period and notify the exclusive representative organization by email or other written form. This notification must provide enough time to ensure dues are not withheld in the next pay period.

If you have questions about the authorization form, you can contact the Attorney General's Office at (317) 232-6201. If you have questions about Ind. Code § 20-29-5-6(c), you are encouraged to work with your local counsel.

Sincerely,

A handwritten signature in black ink that reads "Todd Rokita".

Todd Rokita  
Attorney General of Indiana



**WITHDRAWAL AUTHORIZATION**  
State Form 57142 (7-21)

**INSTRUCTION:** Please return this form to:  
(Provide where employee shall return authorization form.)

**WITHDRAWAL AUTHORIZATION**

I hereby authorize the \_\_\_\_\_ to automatically withdraw funds from my paycheck for exclusive representative organization dues in the amounts specified in accordance with my union's bylaws. This authorization is to remain in full force and effect until the School has received written notification from me of its termination, or in one year after the date of authorization as indicated by my signature, whichever comes first.

Full name of employee <i>(Please print)</i>	Position of employee
Organization of school employee	Work E-mail address of employee

**I represent that I am the employee stated above and that I have read the terms of the authorization form.**

Signature of employee	Date <i>(month, day, year)</i>
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**FOR OFFICE USE ONLY**

Account number	Date confirmation received <i>(month, day, year)</i>
Date authorization revoked <i>(month, day, year)</i>	Date school employee organization notified <i>(month, day, year)</i>

## **INSTRUCTIONS FOR COMPLETING STATE FORM 57142 - WITHDRAWAL AUTHORIZATION**

Indiana Code § 20-29-5-6 permits a school employer to deduct dues of a school employee organization that is an exclusive representative of any employees of the school employer upon written authorization of the school employee.

This withdrawal authorization form will authorize your employer to deduct funds from your paycheck for exclusive representative dues. You can revoke this authorization at any time by submitting a written or email request to your employer. The authorization is good for one year.

Instructions for completing the form:

1. Enter your name, position, school employee organization, and work email in the spaces provided.
2. Sign and date the form.
3. Return the form to the location provided at the top of the form.