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2 **ACKNOWLEDGEMENT OF SUBSTITUTE RIGHTS CONCERNING AGENCY FEE**

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4  
5 Highline School District  
6 15675 Ambaum Boulevard SW  
7 Burien, Washington 98166

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9 ACKNOWLEDGEMENT OF RECEIPT OF HUDSON PACKET AND NOTIFICATION OF  
10 SUBSTITUTE RIGHTS CONCERNING AGENCY FEE

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12  
13 This form is to be used by the Highline Education Association to document that substitute  
14 employees have been advised of their rights concerning membership due or "agency fees"  
15 associated with services provided by the Highline Education Association.

16  
17 My signature below constitutes acknowledgement of receipt of the "Hudson" packet explaining  
18 substitute employee rights associated with paying agency fee only Association or membership  
19 dues to the Highline Education Association.

20  
21  
22 Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
23 Please Print Full Name Substitute ID Number

24  
25  
26 Home Address:  
27  
28 \_\_\_\_\_  
29 Street Address City Zip Code

30  
31  
32 Telephone: \_\_\_\_\_  
33 Home Cell Email Address

34  
35  
36  
37 \_\_\_\_\_  
38 Employee's Signature Date

39  
40  
41  
42  
43 You will be sent the requisite membership form by the Highline Education Association.  
44 At that time you must decide whether to become a member of the Association or pay to the  
45 Association an agency shop fee equivalent to the Association dues. Any questions should be  
46 referred to the Highline Education Association.