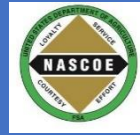


# Invitation to IASCOE/NASCOE



**STAY INFORMED!!** We have new leaders at USDA and with that comes new ideas on how to make our agency more efficient! Your IASCOE/NASCOE leadership team is committed at staying on top of all the happenings and announcements and passing that information along to you, the member, via email or newsletters. This is the most effective way to **STAY INFORMED AND REDUCE YOUR STRESS LEVEL!!!** Attached is a NASCOE brochure explaining what they are doing on your behalf. Important goals are to PROTECT & IMPROVE employee benefits, PT & CED upgrades, stress importance of the COC system, the need for training and proper staffing...just to name a few! **JOIN IASCOE AND BE INVOLVED!!!**

**This year we have added a FREE 1-year membership to any first time members (CO employee) who complete an FSA-444 (payroll deduction)!** IASCOE will compensate you for your membership dues, no earlier than one full year after transmittals are due on July 1<sup>st</sup>!

Easy payroll deduction is available with an (FSA-444) form. If you are already on payroll deduction and you received a grade increase, please don't forget to update your payroll deduction amount. For those not already utilizing payroll deduction, an authorization form (FSA-444) is attached which can be duplicated, filled out, and returned to:

TAMMY ZANONI @ Iowa FSA STO, via email & JUDY DAMERON either by email: [jldameron@hotmail.com](mailto:jldameron@hotmail.com) or by mail: Judy Dameron, 718 Mill St., Wapello, IA 52653. Checks would also be sent to Judy! Payroll deductions or check amount:

- CO-6 & below: \$2.70 per pay period - \$70 per year
- CO-7-9: \$3.47 per pay period - \$90 per year
- CO-10 & above: \$5.39 per pay period - \$140 per year

I'm a thinking of being a new first time CO member to IASCOE/NASCOE!  
Anything New?

IASCOE is having a New Membership Incentive!

All you need to do is submit a completed FSA-444 during our current membership drive! IASCOE will reimburse you after July 1 following your first year of membership! Join Today!

New Member





## IASCOE Leadership 2018/2019

### ***IASCOE DIRECTORS & ALTERNATE DIRECTORS***

District Number	Program Assistant/ County	County Executive Director/ County
1	Director- Alternate- Brittney Mitchell, Dickinson Teresa Van Sloten, Sioux	Paul Berte, Pocahontas Samantha Erie, O'Brien
2	Director- Alternate- Amie Johansen, Floyd Michelle Uthe, Mitchell	Angie Christian, Kossuth Rosalie Carlson, Worth
3	Director- Alternate- Candace Fette, Clayton Bree Hemesath, Winneshiek	Jesse Wegner, Fayette Andrea Carroll, Winneshiek
4	Director- Alternate- Cathleen "Skip" Simons, Carroll Donita Kenkel, Shelby	Steve Luke, Shelby Pat Warmbier, Harrison
5	Director- Alternate- Gabriela Thompson, Jasper Jane McCulley, Poweshiek	Brandon Jazz, Dallas / Polk Savanah Jungman, Poweshiek
6	Director- Alternate- Angie Reynolds, Muscatine Jessica Yuska, Scott	Matt Berg, Johnson Jennifer Ness, Iowa
7	Director- Alternate- Jennifer Comer, Page Nancy Gress, E Pottawattamie	Todd Perdew, Adams / Union Max Dirks, Cass
8	Director- Alternate- Ronda Harrison, Lucas <b>VACANT</b>	Kathy Henely, Wayne Jane Ruble, Warren
9	Director- Alternate- Judy Dameron, Louisa Diane Nicholson, Mahaska	Wendi Denham, Mahaska Elizabeth Benjamin, Davis
<b>Director at Large:</b>	<b>Odd District's</b> District 1- Dustin Miller, Cherokee District 3- Krystal Schatz, Howard	<b>Even District's</b> District 4- Mary Roberts, Calhoun District 8- Jayne Ruble, Warren





## IMPORTANT WAYS TO STAY INFORMED!

Websites:

IASCOE: [www.iascoe.org](http://www.iascoe.org) look for the Subscribe to IASCOE News Link

NASCOE: [www.nascoe.org](http://www.nascoe.org) look for the Follow Blog Via Email Link

NAFEC: <http://fsacountycommittees.org/>

Facebook:

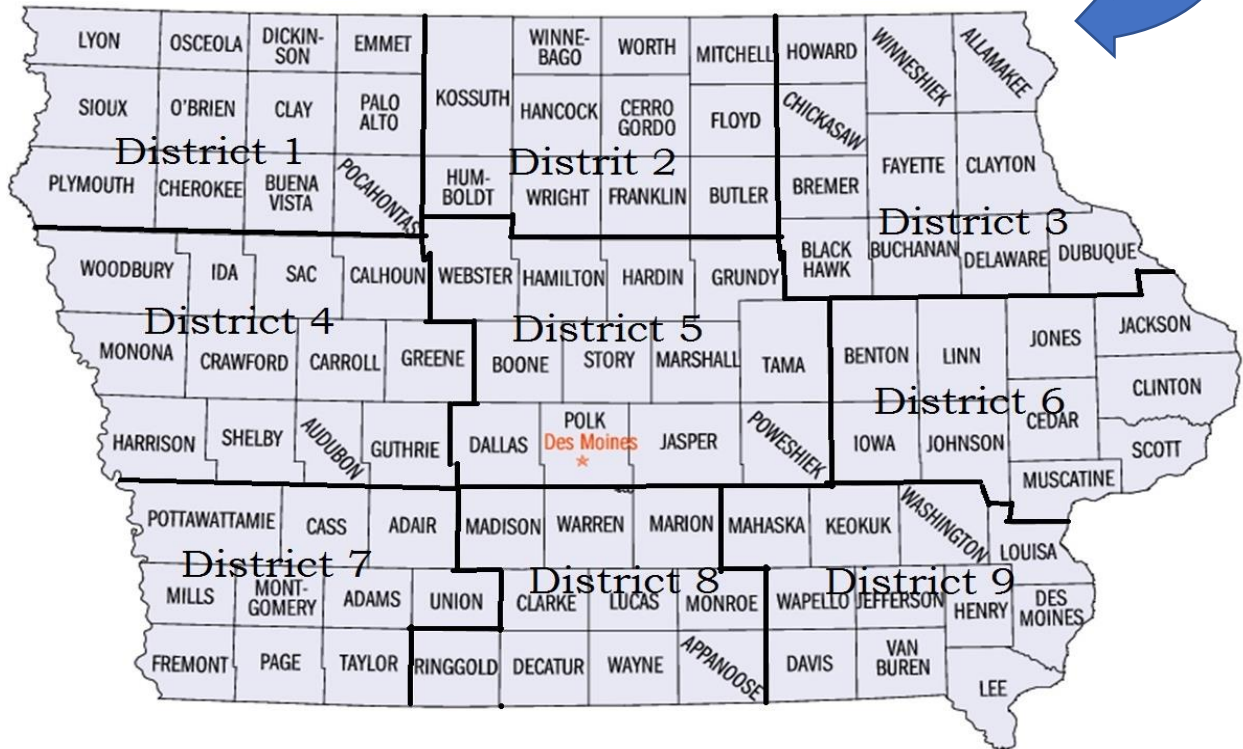
LIKE the following pages:

IASCOE

NASCOE News

NASCOE Emblems by Superior (NASCOE's Emblem provider!)

## 2018/2019 District Map



# A SPECIAL INVITATION TO YOU

NASCOE.ORG

What is NASCOE?

NASCOE Represents

“Loyalty, Service,  
Courtesy, & Effort”

**Why:** NASCOE is our only voice to FSA Management and to our Congressional leaders on issues that affect our employment.

**When:** NOW

**Where & How:** By sending your annual dues to your State Association

**Please consider your option to become a member!**





### 2018-2019 TRANSMITTAL FOR IASCOE MEMBERSHIP DUES

Make Checks Payable to IASCOE

COUNTY: \_\_\_\_\_

IASCOE DISTRICT: \_\_\_\_\_

Is Your County at 100% Membership? Yes \_\_\_\_ (GS Employees do not count against your percentage)  
 No \_\_\_\_

Employee's Name: (List ALL Employee's in the County office even if they are NOT members)	Please indicate ANY changes from the previous year IF applicable: R- Retirement N- New Member T- Transfer	Home Email Address	Home Email- Please indicate			Position: CED PT FLO Etc...	Did you have a Grade Change? if Yes, Complete new FSA 444 (See Below)	Payroll Deduction Amount:	Please indicate (P) Payroll Deduction or (C) Check Enclosed	Please indicate if you are a First Time IASCOE Member (see below)
			S- Same	IASCOE Member (Y or N)	CO or GS					

Please list ALL (CO & GS) employees on a regular tour of duty as of July 1, 2018. If Employee has their dues payroll deducted please indicate amount deducted per pay period. Dues are: Grade 6 & below (\$70 (\$2.70/PP), Grade 7-9 (\$90 (\$3.47/PP) and Grade 10 & above \$140 (\$5.39/PP). Associate member's dues are \$30. GS Employees working at the county level are not eligible to be associate members.

**PLEASE MAIL DUES AND THIS FORM BY JUNE 15, 2018 TO YOUR MEMBERSHIP COMMITTEE CHAIRPERSON FOR YOUR IASCOE DISTRICT.**

*Free Membership Qualifications:* (1) Available to CO employees only, (2) Must be a first time member, (3) Must complete and submit an FSA-444, (4) IASCOE will compensate you for your membership dues, no earlier than one full year after transmittals are due on July 1st.



This form is available electronically.

**FSA-444**  
(06-21-12)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

**REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY  
FOR USDA FSA RECOGNIZED ASSOCIATIONS**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch)
	5. State/County of Employment

6. Association (Check One):

NASCOE     NAFEC     NASE     NACS     Other: \_\_\_\_\_

7. Type of Allotment (Check one) Note: A separate FSA-444 must be filled out for each type of allotment.

**ASSOCIATION DUES**  
I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP \_\_\_\_ of CY \_\_\_\_ CO-6 & below (2.70/PP) \_\_\_\_ CO-7-9 (\$3.47/PP) \_\_\_\_ CO-10 & above (\$5.39/PP) \_\_\_\_
- to make any changes in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

**SUPPLEMENTAL INSURANCE COVERAGE**  
State: \_\_\_\_\_ Association: \_\_\_\_\_  
I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP \_\_\_\_ of CY \_\_\_\_
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

I understand this authorization must be filed with the State FSA Office at least 3 days before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
---	----------------------

10. Termination of Allotment (Check One):

State: \_\_\_\_\_ Association: \_\_\_\_\_

I request payroll deduction for the following allotment be terminated on the first day of Pay Period \_\_\_\_ of CY \_\_\_\_.

NASCOE Dues     Supplemental Insurance Coverage     NAFEC Dues  
 NASE Dues     NACS Dues     Other: \_\_\_\_\_

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
---	-----------------------

13. State Office Action (Check NFC tables to determine current PP dues, or supplemental amount):

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
D. Name of Employee Updating Request		E. Signature of Employee Updating Request

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9922 (English) or (800) 877-8339 (TDD) or (800) 377-8042 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.