University Council - American Federation of Teachers

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Please print cl Name:	-			
Home				
Address:	Street	Apt#	City	Zip code
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nonthly salary, with a cap of \$85 pe onth, for librarians representation. Dues are .996% of gross monthly salary, with a cap of \$55 per month, for Academic Senate faculty and academic researchers who do not have exclusive representation. Dues will be deducted each month from your payroll check. Dues paid to UC-AFT may not be taxdeductible for federal tax purposes; however, under limited circumstances, dues may qualify as a business deduction. Check with your tax consultant.

		CAMPUS	LOC	EM	PLOYEE I.D.	DA	TE
EMPLOYEE ORGANIZATION MEM PAYROLL DEDUCTION AUTHORIZ	-					1	I
UPAY 669 (10/80)	AHON					DA	
UFAT 609 (10/80)	PLEASE	ACTION ON THIS FORM TO BECC	DME			DA	
	PRINT OR	EFFECTIVE THE PAY PERIOD BE	GINNING				
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LAST NAME, FIRST, MIDDLE INITIAL			ENR	OLL	CANCEL	CURF	
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DEPARTMENT EMPLOYED AT U.C.							
		DUES	V				
TITLE AT U.C.							
		INITIATION FEES					
ORGANIZATIONAL NAME (INCLUDE LOCAL NAME AND NUMBER)							
AFT LOCAL		GENERAL ASSESMENT					
					TOTAL		
					TOTAL	1	

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.

Inderstand and agree to the arrangement whereby one total monthly deduction will be made buy the University based upon the current rate of dues, initiation fees, and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTIONS ARE ASSIGNED AND I HEREBY EXPRESSLY AGREE THAT PURSUANT TO SUCH NOTICE THE UNIVERSITY MAY WITHHOLD FROM MY EARNINGS AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.

The University will remit the amount deducted to the official designated by the organization. This authorization shall remain in effect until revoked by me-allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof - or until another employee organization becomes my exclusive representative

It is understood that this authorization shall become void in the event the employee or organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect.

Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in a subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE	ļ ,	DATE	

FOR UNIVERSITY USE ONLY						
	TRAN	EMPLOYEE ID	DATE	ELEMENT		
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RETENTION: 1 YEAR AFTER INACTIVE . ACCOUNTING OFFICE