

LABOR UNION FEE PAYROLL WITHHOLDING STATEMENT

Authorization for Voluntary Payroll Deduction

EMPLOYEE INFORMATION

Full Name:

Employee ID:

Department:

Job Title:

UNION AFFILIATION DETAILS

Union Name:

Local Chapter No:

WITHHOLDING AUTHORIZATION DETAILS

I hereby authorize my employer to deduct from my wages/salary each pay period the amount certified by the designated Union official as the regular dues and/or assessments required to maintain my membership in good standing. This authorization is voluntary and shall remain in effect until revoked by me in writing in accordance with the collective bargaining agreement and applicable laws.

Deduction Frequency:

Effective Date:

Withholding Amount/Percentage:

This is a new authorization.

This is a change to a previous authorization.

This is a cancellation of withholding.

Employee Signature

Date

FOR PAYROLL DEPARTMENT USE ONLY

Date Received:

Processed By:

Pay Period Starting:

Signature of Payroll Officer:

Original to Payroll Department • Copy to Labor Union • Copy to Employee