

# UNION ASSESSMENT PAYROLL DEDUCTION AUTHORIZATION

Standard Payroll Withholding Template

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Employer Name

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Union Name & Local Number

## EMPLOYEE INFORMATION

Full Name

Employee ID / Clock Number

Department

Job Title

Contact Number

## DEDUCTION AUTHORIZATION DETAILS

Select Deduction Type:

Regular Monthly Dues

Initiation Fee

Special Assessment

Deduction Amount (\$ or % per cycle)

Effective Date

Pay Cycle Frequency (e.g. Weekly, Bi-weekly)

## TERMS & AUTHORIZATION STATEMENT

I hereby authorize the Employer named above to deduct from my wages/earnings each pay period the union dues, initiation fees, and/or uniform assessments in the amount certified by the Union. This authorization is voluntary and shall remain in effect until

revoked by me in writing in accordance with the collective bargaining agreement and applicable state and federal laws. I agree that the deducted amounts shall be remitted to the Union on my behalf.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Union Representative Signature (Verification)

\_\_\_\_\_  
Date

**FOR PAYROLL DEPARTMENT USE ONLY**

**Date Received**

\_\_\_\_\_

**Payroll Cycle Start Date**

\_\_\_\_\_

**Processed By (Initial)**

\_\_\_\_\_

White Copy: Payroll Department | Yellow Copy: Union Office | Pink Copy: Employee