Washtenaw Community College

Payroll Deduction Authorization

Union Membership Dues

I hereby authorize the College to deduct $39.05 from my first pay of each month for dues and assessments required by A.F.S.C.M.E. Local 1921, Council 25. Monthly payroll deduction shall begin with the last pay of September. This authorization may be revoked, in writing, at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Return completed form to HRM*

*For Human Resource Management Use Only*

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HRM Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective (pay date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*