

Authorization to Deduct Union Dues Limited Scope Employee

As a temporary employee in a job classification defined as “limited scope” I acknowledge that, as a condition of continued employment, I am subject to the dues/service fee deduction established by the recognized employee representative (Municipal & County Government Employees Organization, UFCW Local 1994) and herewith consent to the deduction of subject payment from my wages in any pay period that I work 25 or more hours.

(Print Name)

(Employee ID Number)

(Street Address)

(City, State, Zip Code)

(Signature)

(Date)