

DEAR UNIVERSITY OF MINNESOTA EMPLOYEE -

PLEASE COMPLETE THE **VOLUNTARY** AUTHORIZATION FOR PAYROLL DEDUCTION OF DUES FORM BELOW.

PLEASE PRINT FIRMLY AND PROVIDE ALL INFORMATION.

REMOVE ADHESIVE LINER ON THE TOP OF THIS PAGE, FOLD IN HALF, AND SEAL. **SEND COMPLETE FORM INTACT TO THE ADDRESS ON REVERSE SIDE.** NO POSTAGE IS NECESSARY. IF FORM BREAKS OR ADDITIONAL CLOSURE IS NECESSARY, STAPLES MAY BE USED AT BOTTOM.

*Thank You!*



**VOLUNTARY MEMBERSHIP**  
**AFSCME Council No. 6, AFL-CIO**



**UNIVERSITY OF MINNESOTA**  
**Authorization for Payroll Deduction of Dues**

I hereby request and authorize you to deduct from my earnings each payroll period an amount sufficient to provide for the regular payment of the dues established by AFSCME Local Union No. \_\_\_\_\_. The amount shall be certified by said Local Union and any changes in such amount shall also be so certified. The amount deducted shall be paid to AFSCME Council No. 6 for credit to the account of my Local Union.

I also hereby designate AFSCME Council No. 6, AFL-CIO, as my duly chosen and authorized representative on matters relating to my employment in order to promote and protect my economic welfare.

**PRINT OR TYPE:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ County of Residence \_\_\_\_\_ Work Location \_\_\_\_\_

\_\_\_\_\_ Department (i.e., Library, Admissions, etc.) \_\_\_\_\_ **Social Security #** \_\_\_\_\_

\_\_\_\_\_ Work E-mail Address \_\_\_\_\_ **Employee ID #** \_\_\_\_\_

**X** \_\_\_\_\_ **Date Card Signed** \_\_\_\_\_  
(Employee's Signature)