

**Eastern Michigan University
Union Dues Payroll Deduction Form**

EID # _____ **Eclass** _____

Name _____

(Last name first-please print)

Date ____/____/____

I hereby authorize the following deduction(s) from my salary checks, and the remittance of these deductions to the indicated agencies.

I understand that by signing this form I am declining to have union dues deducted from my pay.

AFSCME 3866(210)

UAW 1976(230)

C.O.A.M. Sergeants(250)

A A U P(200)

UAW 1975(220)

P.O.A.M. Officers(241)

EMU-FT LECT (202)

EMU-ADJ LECT (211)

I hereby wish to cease/stop my current union dues deduction.

Signature: _____

This election will remain in effect until revoked by the employee.

ORIGINAL SIGNATURE TO RESPECTIVE UNION

COPIES OF COMPLETED FORM WITH SIGNATURE TO PAYROLL / EMPLOYEE

