

Eastern Michigan University

Union Dues Payroll Deduction Authorization Form

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

EID # _____ Eclass LL

Name _____

(Last name first-please print)

Date ____/____/____

_____ . _____ **UAW 1975(220)***

_____ . _____ **UAW 1976(230)***

_____ . _____ **AFSCME(210)**

_____ . _____ **P.O.L.C. Officers(240)**

_____ . _____ **P.O.L.C. Sergeants(250)**

_____ . _____ **EMU-FT(202)**

_____ 1 . 8 0 **EMU-ADJ(211)**

_____ . _____ **Other**

*(dues and initiation fee)

Signature: _____

ORIGINAL SIGNATURE TO RESPECTIVE UNION

COPIES OF COMPLETED FORM WITH SIGNATURE TO PAYROLL / HUMAN RESOURCES / EMPLOYEE