

APPENDIX D

United Faculty of Florida UFF – SAMPLE DUES CHECK-OFF AUTHORIZATION FORM

(From Article 15 – Payroll Deduction)

I authorize the University to deduct from my pay, starting with the first full pay period commencing not earlier than seven (7) days from the date this authorization is received by the University, membership dues and other authorized deductions of the United Faculty of Florida (UFF) as established from time to time by UFF in accordance with its Constitution, and as certified to the University by UFF. Furthermore, I understand that such dues will be paid to UFF.

This authorization will continue until: ~~either~~ (1) revoked by me at any time upon thirty (30) days written notice to the University payroll office; (2) my transition/transfer out of a UFF represented bargaining unit; (3) termination of employment; or (4) revoked pursuant to section 447.507, Florida Statutes.

Signature

Date

Name (Print)

Department or Work Location

Job Classification

Home Address: _____

Home Phone: _____

For the University

For the UFF

Alex Landback
Chief Negotiator

Myles Kim
Chief Negotiator

Date _____

Date _____