

**EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION OF MEMBERSHIP DUES,
CHARITABLE CONTRIBUTION OR SERVICE UNION FEES**

Name _____ Soc. Sec. # _____
Job Classification _____ Employee No. _____
Union _____ Bargaining Unit _____ Entry Date _____
Mailing Address _____ City _____ Zip Code _____
Dept. _____ Location _____ Work No. _____ Home No. _____

As a condition of employment, you are obligated to contribute to one of the following:

(please check one)

_____ **UNION MEMBERSHIP.** Entitles the employee to Union representation in his/her employment relationship with the County. Full membership includes the right to attend all meetings, hold office and vote on union issues.

_____ **AGENCY SERVICE FEE.** Entitles the employee to Union representation in his/her employment relationship with the County, but does not include the right to attend meetings, hold office and vote on union matters. The service fee is that portion of union dues that the Union has determined to be the cost of representation.

_____ **UNITED WAY CHARITABLE FEE.** Entitles the employee to Union representation in his/her employment relationship with the County. *(Amount is equivalent to Union Membership fee.)*

Complete this section only if you checked United Way Charitable Fee

_____ **Community Care – The best way to make an impact in my community**

I would like United Way's experienced volunteers to make sure that my contribution is well invested. Through the United Way Community Care Fund, my gift will help make positive changes in people's lives, producing results for those in need and the entire community!

Impact Areas – I want to direct my gift to the following area(s): (Minimum of \$24 yearly per area)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Children & Youth | <input type="checkbox"/> Strengthen Families | <input type="checkbox"/> Provide a Safety Net | <input type="checkbox"/> Build Strong Neighborhoods |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Promote Healthy & Well-Being | | | |
| \$ _____ | | | |

Another United Way \$ _____

I would like my gift to help another United Way

Please specify _____

Name/Address/City

Disaster Recovery Fund \$ _____

I want my gift to help in the event of a natural disaster

Specific Care – I would like my gift to help a specific agency

Agency name _____ \$ _____

Address (Required to process) _____

City/State/Zip _____

I would like to receive an acknowledgement of my gift.

I have read the foregoing and hereby authorize the Stanislaus County Auditor-Controller to deduct biweekly from my wages an amount in accordance with the schedule of the dues, services fees and/or assessment periodically updated and provided to the County Auditor-Controller by the Union. I understand that should I fail to elect one of the three options, the Auditor-Controller will automatically deduct the Agency Service Fee amount.

Signature _____ Date _____