

Employee Authorization for Payroll Deduction of Union Membership Dues, Agency Service Fees, or Charitable Contributions

Name _____ Soc Sec # _____ DOB _____

Home Address _____ City _____ State _____ Zip _____

Hire/Entry Date _____ Classification _____ Dept _____

Union _____ Bargaining Unit _____

Assignment Location _____ Emp ID# _____ Phone # _____

As a condition of employment in a represented position (some exceptions apply, please see bargaining unit options below), employees are required to contribute to one of the following:

<u>Bargaining Unit Options:</u>	<u>Election of Dues (Please check one) :</u>
<p>OPTION 1 Agency Shop that <u>requires</u> the employee to select Union Membership, Agency Service Fee or United Way Charitable Fee. <u>Available only to AFSCME (5, 9, B), SEIU (A), SREDA (6), SCDAIA (G), and SCDPOA (H).</u></p> <p>OPTION 2 Agency Shop that <u>requires</u> the employee to either select Union Membership or Agency Service Fee (no option to donate to United Way unless a religious exemption is requested). <u>Available only to CNA (4), DSA (7), SCSSA (N), SSDA (S), and SCPCOA (T).</u></p> <p>OPTION 3 No Agency Shop, employee is not required to pay any dues, but can select Union Membership. <u>Available only to CAA (3), AFSCME (8-Clerical), and SCSMA (Q).</u></p>	<p>_____ 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 business. <u>Available to ALL bargaining units.</u></p> <p>_____ AGENCY SERVICE FEE Entitles the employee to limited Union representation in his/her employment relationship with the County. The Agency Service Fee is that portion of union dues that the Union has determined to be the cost of representation and collective bargaining. <u>Available to all bargaining units except CAA (3), AFSCME (8-Clerical), and SCSMA (Q).</u></p> <p>_____ UNITED WAY CHARITABLE FEE Instead of paying an Agency Service Fee, certain unions have allowed an employee to contribute an amount equivalent to the Union Membership fee. This election still entitles the employee to limited Union representation in his/her employment relationship with the County. <u>Available only to AFSCME (5, 9, B), SEIU (A), SREDA (6), SCDAIA (G), and SCDPOA (H).</u></p>

Complete this section only if you checked United Way Charitable Fee:

\$ _____ **United Way Community Action Fund. Influence the condition of all or**

I want to direct my gift to the following impact areas: (Minimum \$24 per area annually):

\$ _____ EDUCATION: Helping children and youth achieve their potential.

\$ _____ INCOME–CRISIS TO STABILITY: Meeting basic needs & establishing self- sufficiency.

\$ _____ HEALTH: Improving the health and safety of communities & families.

\$ _____ Other 501(c)(3) Charitable Organization named below: (Minimum of \$24 annually)

Other charitable organization name and address

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, service 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, if required by Agency Shop, the Auditor-Controller will automatically deduct the Agency Service Fee amount.

Signature _____ Date _____