

COMPANY

## U.W.U.A. Local 246

### UNION SECURITY STATEMENT AND EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION OF UNION DUES

HIRE DATE		
MONTH	DAY	YEAR

SOCIAL SECURITY NUMBER			FIRST NAME	LAST NAME	MIDDLE INITIAL

Job Classification: \_\_\_\_\_

I understand and agree that I am employed in a job classification represented by the Utility Workers Union of America, Local 246, AFL-CIO. I further understand that I am subject to the Recognition provisions of the agreement between the Company and UWWA, Local 246 that is in effect and applicable to my classification. Pursuant to provisions of that agreement:

I hereby authorize the Company to deduct from my gross earnings, according to the applicable provisions of the Agreement, a sum equal to 1% of my gross hourly rate up to but not to exceed the amount of total monthly dues established under the terms of the Local Constitution, and to remit this amount monthly to the Financial Secretary of UWWA, Local 246.

This authorization shall be irrevocable for a period of one year or the termination date of the agreement, whichever occurs sooner. This authorization shall automatically terminate in the event of termination of the collective bargaining agreement between the Company and the Union, or in the event that my employment with the Company is terminated, and shall be suspended during the period that I am transferred or promoted into a classification not covered by said provisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

CHECK ONE BOX ONLY			
UNION DUES	<input type="checkbox"/>	AGENCY FEE	<input type="checkbox"/>