



Major Administrative Unit (Circle One)
UAA UAF UAS SW
Employee ID Number

Voluntary Membership Dues or Voluntary Fair Share Fees Deduction Form

Please Print

Last Name: _____ First Name : _____ M: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (cell): _____ Telephone (work): _____

Date Hired: _____ Department where you work: _____ Personal email address: _____

YOU MAY SELECT ONE OF THE FOLLOWING PAYROLL DEDUCTIONS - These options are subject to the limitations of applicable Alaska and federal laws, and in accordance with Article 4 of the Collective Bargaining Agreement between the United Academic-Adjuncts, Local 6054 and the University of Alaska:

I elect to join United Academic-Adjuncts as a Member with full membership benefits, privileges, and voting rights. **Code 620**
I hereby request and voluntarily accept membership in the United Academic-Adjuncts, Local 6054, APEA/AFT (AFL-CIO). I agree to abide by its Constitution and Bylaws and by the APEA/AFT Constitution and Bylaws and my membership rights are contained therein. I authorize Local 6054 to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.
I direct my employer to deduct from my pay amounts equal to the UNION APEA/AFT's membership dues or initiation fees and to transfer that money to the Union APEA/AFT. I understand that the Union APEA/AFT may periodically adjust the amount. I understand that I may revoke my payroll deduction authorization by providing written notice to the Union APEA/AFT or the University.

(Employee CANNOT submit fair shared deduction to human resources until May 1, 2019). I elect to pay voluntary fair share fees to United Academic-Adjuncts. **Code 623**
Voluntary Fair Share fees are equal to ninety (90%) percent of regular membership dues, and ARE NOT a condition of employment. Voluntary Fair Share Fee Payers are entitled to all of the benefits of the contract but no union privileges or any voting rights of union membership. I authorize voluntary deduction of the representational service fee.
I direct my employer to deduct from my pay amounts equal to the UNION APEA/AFT's voluntary fair share fees and to transfer that money to the Union APEA/AFT. I understand that the Union APEA/AFT may periodically adjust the amount. I understand that I may revoke my payroll deduction authorization by providing written notice to the Union APEA/AFT or the University.

Employee Signature: _____ Date: _____

For University of Alaska office use only (PDAEDN)

Code = 620 (Dues/Full) Effective Date: _____ Code = 623 (Voluntary Fair Share Fee) Effective Date: _____

Personnel/Payroll: _____ Date: _____

For APEA/AFT Use only

HD/A _____ Packet Sent _____ Processed by _____ Date _____ I Fee Paid _____

If you have any questions on member benefits, dues deduction or initiation fees please contact your local Field Office

State Headquarters/Juneau Field Office: (907) 586-2334, (800) 478-9991

Anchorage Field Office: (907) 274-1688, (800) 478-9992

Fairbanks Field Office: (907) 456-5412, (800) 478-9993