

University of Missouri

REQUEST AND AUTHORIZATION FOR DEDUCTION OF ORGANIZATION DUES

Submit this form to your Human Resources Office

EMPLOYEE SECTION - (please type or print)

Employee Name (Last, First, Middle Initial)	Job Title	EMPL ID
Home Address (Street, City, State, Zip Code)		
Work Address	Department	
Campus Where Employed		
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hospital	<input type="checkbox"/> Kansas City
<input type="checkbox"/> Rolla	<input type="checkbox"/> St. Louis	

Beginning _____, I, the undersigned, do hereby assign to (check one block)

- Local 955, Laborers' International Union of North America
- Local 148, IUOE

and hereby authorize The Curators of the University of Missouri to deduct from any net wages due to me and pay to said union such sum monthly as shall equal the monthly membership dues as may be from time to time established and certified by said union to the Curators of the University of Missouri. **Regular employees who have completed their probationary period and are in classifications within the recognized bargaining unit will be eligible for membership and may choose to authorize check-off of union dues.**

This assignment and authorization shall remain in full force and effect until the first January I after delivery by me to The Curators of the University of Missouri of a written revocation, during the period of December I through December 31, annually. I understand dues may not be withheld from my earnings except upon my authorization or upon presentation of withdrawal of deduction of organization dues.

Dues, contributions or gifts paid to the organization selected above are not deductible as charitable contributions for federal income tax purposes. Dues paid, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

Employee Signature	Date

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Deduction Code _____	Deduction Effective Date _____	Deduction Amount _____
Hourly Rate _____	Pay Period Amount _____	
Signature (Entered By)		Date Entered

FOR UNION USE ONLY

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