

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES
AFSCME DUES AUTHORIZATION FORM

I authorize the university to deduct from my pay, starting with the first full pay period commencing not earlier than seven days from the date this authorization is received by the university, membership dues and other authorized deductions of the American Federation of State, County, and Municipal Employees (AFSCME) as established from time to time by AFSCME in accordance with its Constitution, and as certified to the Board by AFSCME. Furthermore, I understand such dues will be paid to AFSCME.

The authorization shall continue until either (1) revoked by me at any time upon thirty days written notice to the university personnel office; (2) my transfer or promotion out of an AFSCME represented bargaining unit; (3) termination of employment; or (4) revoked pursuant to Section 447.507, F.S.

By signing this form, I authorize the university to release my Social Security number to AFSCME in reporting dues deductions.

Signature

Date

Social Security #

Name (Print)

Home Address—Street

City, State, Zip

Home Phone

Classification

University of South Florida
University

Department or Work Location

Code

County

Class

Local

(For AFSCME Use Only)