

United Academic-Adjuncts AFT/AAUP/AFL-CIO

University of Alaska

Dues or Agency Fee Deduction Form

Complete and return this form to:



APEA/AFT
211 4th St. Suite 306
Juneau, AK 99801
1-800-478-9991
1-907-586-5905 (FAX)

Major Administrative Unit (Circle One) UAA UAF UAS		Department
Last Name	First Name	Initial
Employee ID Number	Work Phone	

Please Print

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone (home): _____ Telephone (work): _____

Date Hired: _____ Department where you work: _____

Work Location Address: _____

City: _____ State: _____ Zip: _____

Emeriti and Visiting Faculty in their first year of employment are bargaining unit members who are not required to either join the Union or pay a representational agency fee but are welcome to join and become full members in order to have access to full membership. ALL OTHER BARGAINING UNIT MEMBERS MUST CHECK ONE:

I elect to join the United Academic-Adjuncts Local 6054 as a Member with full membership benefits, privileges and voting rights. I understand dues are determined by the membership according to the bylaws. I authorize deduction of United Academic-Adjuncts bi-weekly membership charge of 2.5% of my salary. **Code 620**

I elect to have the United Academic-Adjuncts representational Agency Fees deducted. I understand that Agency Fees are limited to the cost of union representation and is a condition of employment if not electing membership and is 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 and the University of Alaska. Representational Agency Fee payers are not entitled to the benefits, privileges or any voting rights of union membership. I authorize deduction of United Academic-Adjuncts bi-weekly Agency Fee of 2.18% of my salary. **Code 621**

This deduction is valid for twenty-four (24) months beyond your last job assignment unless revoked by the bargaining unit member or reactivated by the University of Alaska as defined in Article 4.1.5.

Employee Signature: _____ Date: _____

For University of Alaska office use only (PDAEDN)

Code = 620 (Dues) Start Date: _____ Biweekly Ded.: _____ 2.5%

Code = 621 (Agency Fees) Start Date: _____ Biweekly Ded.: _____ 2.18%

Personnel/Payroll: _____ Date: _____

For APEA/AFT office use only

HD/A _____ Packet Sent _____ Processed by _____ Date _____

ORIGINAL: APEA/AFT **COPIES:** United Academic-Adjuncts, Regional Personnel, Employee (Updated 05/2015)