

## AUTHORIZATION FOR VOLUNTARY DEDUCTION OF UNION DUES

\_\_\_\_\_  
Print Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Employing Unit

\_\_\_\_\_  
Union Name

\_\_\_\_\_  
Local Union Number

**Effective Date:** Employees, at their discretion, may **opt in** to payment of voluntary union dues deductions at any time. Authorizations to begin deductions submitted by the first Friday of any pay period will be effective in that same pay period. Employees may **opt out** of dues deductions only as noted in the authorizing paragraph, below, *and* by submitting a completed *Revocation of Voluntary Deduction of Union Dues* form.

I, the undersigned employee of the State of Wisconsin, hereby request and authorize my employer to deduct from my earnings, until this authorization is changed or revoked as provided below, payment of dues in the amount designated by my union, as named above. It is agreed that this authorization shall begin on the first payroll period following submittal of this authorization form to the appropriate payroll office and shall continue for one year from the date hereof, and shall thereafter continue for successive periods of one year unless at least thirty days but not more than one hundred and twenty days prior to the end of any year of its life, I give written notice of termination to my employer and to said organization.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**SEND COMPLETED AUTHORIZATION FORM TO EITHER  
YOUR PAYROLL OFFICE OR YOUR LOCAL UNION**

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**AGENCY USE ONLY:**

Effective Date	GTN	Amount	Payee Code

Initial	Date