

## REVOCATION OF 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 out of dues deductions only as noted in the below paragraphs.

I, the undersigned employee of the State of Wisconsin, hereby request and authorize my employer to cease deductions for payment of dues from my earnings, until this revocation is changed. It is agreed that this revocation shall be effective the first payroll period following submittal of this revocation form to the appropriate payroll office.

Dues deductions may only be stopped during the period at least thirty days but not more than one hundred and twenty days prior to the anniversary date of the previously submitted *Authorization for Voluntary Deduction of Union Dues* form.

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

\_\_\_\_\_  
Date

**SEND COMPLETED REVOCATION FORM TO BOTH  
YOUR PAYROLL OFFICE AND YOUR LOCAL UNION**

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**AGENCY USE ONLY:**

Effective Date	GTN	Amount	Payee Code

Initial	Date