

REQUEST TO END PAYROLL DEDUCTION FOR DCFA UNION DUES

| | |
|--------------------------------|-----------------|
| Employee Name: | Employee ID #: |
| Address: | City/State/Zip: |
| Phone: | |
| Employer: Delta College | Job Title: |

I no longer wish to contribute to monthly union dues. Accept this request as my authorization to stop monthly union dues deductions from my earnings*.

Signature: _____

Date: _____

Please return completed form to Human Resources, J101, for processing

*Employees must reference their CBA and Payroll Authorization Form to ensure they meet the noted guidelines

Cc: Director of Business Services
Human Resources
Payroll
DCFA: President, Treasurer