

## REQUEST TO END PAYROLL DEDUCTION FOR UNION DUES

Employee Name:	Employee ID #:
Address:	City/State/Zip:
Phone:	
Employer: <b>Delta College</b>	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 AFSCME Membership and Payroll Authorization Form to ensure they meet the noted guidelines

Cc: Jon Foco, Director of Business Services  
Human Resources  
Payroll  
Respective Dept.: Nick Bovid, Facilities Management / Cynthia Grether, Food Services  
Tom Kienbaum, AFSCME President