

Social Security No.

Employee Name (Last, First, Middle initial) Please Print

TUSD **Communications Workers**
Tucson Unified **of America - AFL-CIO** **Employee Authorization for Payroll Deduction**
School District **Local 7000** **of Union Dues for CWA 7000**

I hereby authorize TUSD, Payroll Dept. to deduct from my salary or wages, sickness or disability payments, or other benefit payments or vacation payments, an amount equal to regular monthly union dues. If for any reason TUSD Payroll Dept. fails or is unable to make a deduction, I authorize TUSD Payroll Dept. to make such deduction in a subsequent payroll period. This authorization is made voluntarily.

The amount equal to regular monthly Union dues shall be that which is certified to TUSD by the Communications Workers of America for the bargaining unit and job in which I am employed and shall automatically be adjusted for any bargaining unit and job changes, if applicable.

This authorization shall remain in effect while I am employed by TUSD unless cancelled by me. Such cancellation must be individually sent to my TUSD Payroll Dept. and to the Union Local by written notice during the month of July, and shall be effective on the first payroll period after Aug 15.

Date _____ Employee signature _____
 Employee Work Location _____ Employee ID # _____ Union Local 7000
 TUSD Department _____ Grade _____ Step _____

DISTRICT COPY

APPLICATION BLANK

Name (Please Print) _____ Soc. Sec. No. _____
 Address _____ (include ZIP) Apt # _____

Communications Workers of America Local 7000

I hereby request and accept membership in the COMMUNICATIONS WORKERS OF AMERICA and when accepted by the Local, agree to be bound by the Constitution of the Union and Amendments thereto, and Rules and Regulations now in effect or subsequently enacted by the Union and/or the Local to which I am assigned.

Date _____ Signature _____
 Department _____ Present title _____
 Home Phone / Cell phone _____ Work Location _____
 Home email _____ Work Phone _____

Union membership dues and agency fees are not deductible as charitable contributions for Federal Income Tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

LOCAL COPY

TUSD **Communications Workers**
of America - AFL-CIO **CWA Political Action Fund**
Allotment Authorization

Social Security Number _____ Employee Name (Last, First, Middle initial) Please print _____ Union: National _____ Local _____ Effective Date _____

CWA 7000

CIRCLE ONE: New enrollment Change of Amount Cancel

I hereby authorize TUSD Payroll Dept. to deduct from my wages each pay period, in accordance with the agreement between the District and the Union, the amount shown below and transmit that amount to the Treasurer of the appropriate fund as I direct in my election to participate.

Amount to be deducted \$ _____

This authorization is made voluntarily to the specific understanding that it and the making of payments to the fund are not conditions of membership with CWA or employment with TUSD. This authorization revokes and supersedes any authorization previously given by me. Contributions of gifts to CWA PAF are not deductible for Federal Income Tax purposes.

Forward to Treasurer: Employee signature _____ Work phone no. (include area code) _____
 Date _____

CWA PAF _____
 Signature of Union Representative certifying that employee is eligible to participate _____

DISTRICT COPY

If any changes to above information, please update by notifying CWA 7000

