

UNIVERSITY OF ALASKA
UNION DUES DEDUCTION
REVOCATION FORM

Major Administrative Unit	Department	
Last Name	First Name	Initial
Employee ID Number	Work Phone	

I hereby revoke my payroll deduction authorization of union dues. I elect not to continue a dues deduction from my pay.

My union is (check the union that applies):

_____ United Academics (UNAC) – DC 615

_____ Fairbanks Firefighters Union (IAFF) – DC 631

_____ Alaska Higher Education Crafts & Trades Employees (Local 6070) – DC 610, 611

_____ United Academic-Adjuncts (UNAD) - DC 620

I understand my payroll deduction will cease effective the first full pay period after this form is submitted to my regional payroll office.

I further understand that this revocation does not revoke my membership of the union, and that I am still subject to the terms and conditions of my applicable collective bargaining agreement.

Employee Signature

Date

Regional Personnel Office Use only

Deduction Code: _____

End Date: _____

Personnel/Payroll: _____

Date: _____

ORIGINAL: Regional Personnel Office

COPIES: Applicable Union