UNIVERSITY OF ALASKA
UNION DUES/FEES DEDUCTION
REVOCATION FORM

Major Administrative Unit
Select University

Department

Last Name
First Name
Initial

Employee ID Number
Work Phone

I hereby revoke my payroll deduction authorization of union dues or voluntary fair share fees. I elect not to continue a dues or fair share fees 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, 614
☐ United Academic-Adjuncts (UNAD) - DC 620, 623

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 may impact 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

Revised 02-04-2019