

**AUTHORIZATION OF PAYROLL DEDUCTION OF DUE/FEEES
EMPLOYER: SOLANO COUNTY**

This employer has a contract with California Federation of the Union of American Physicians and Dentists (UAPD). The contract provides that each employee subject to this agreement as a condition of continued employment shall: become and remain a member of the union in good standing; or commence and continue to tender to the union a service fee equal to that portion of the Union due's expended by the Union in representing members of the unit in negotiating and administering the Memorandum of Understanding; or make an equivalent monthly monetary contribution to United Way (this option is available only to employees demonstrate a sincere religious or moral conviction against supporting a union).

Members of the union in good standing shall be defined as employee members of the union who tender periodic dues as required by the union as a condition of acquiring or maintaining membership.

If the Authorization of Payroll Deduction of Dues/Fees form is not completed properly and returned, the County Auditor shall commence and continue a payroll deduction of service fees from the regular bi-weekly pay warrants of each employee. The effective date of union dues, service fee deductions, or charitable contributions for such employees shall be 30 days after employment.

I hereby authorize you to deduct from my salary (check appropriate box):

UNION MEMBERSHIP: Union dues necessary to secure and maintain union membership and all rights and benefits of same and payable to (UAPD). → .90% of gross salary

SERVICE FEE: The service fee equal to 98% of the union dues without the without the rights and benefits of union membership and payable to (UAPD). → .86% of gross salary

I request religious exemption from supporting a union and elect to have the equivalent of the service fee to be paid to the United Way. I am attaching verification of membership in a religion, body or sect that has a history of conscientious objection to joining or financially supporting a public employee organization.

THIS AUTHOTIZATION SHALL BE IN FULL FORCE AND EFFECT UNTIL REVOKED IN WRITING BY THE UNDERSIGNED OR BY THE ORGANIZATION.

(Please Print) _____ SS# _____
NAME _____ CLASS _____
HOME ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOME PHONE _____ HIRE DATE _____
DEPT. _____ WORK LOCATION _____ WORK PHONE _____
DATE _____ SIGNATURE _____

NOTE: Employees who transfer or promote to a position not covered by Agency Shop are responsible for submitting a cancellation of union dues or service fees to the Auditor. The employee is responsible for requesting any refund of dues or fees they may be entitled to directly from the Union.