STATE OF FLORIDA

DUES CHECKOFF AUTHORIZATION
AFSCME

I direct the State of Florida, by and through my employing agency, to deduct from my regular biweekly or monthly salary the AFSCME membership dues and uniform assessments, if any, as established from time to time by the employee organization certified to represent the bargaining unit for my job classification.

The State is directed to begin the deduction that is appropriate for the bargaining unit and option selected below with the first pay period from the date this authorization form is received by my employing agency and to continue said deduction until: 1) revoked by me at any time upon 30 days written notice to my employing agency and the union, 2) revoked pursuant to Section 447.507, Florida Statutes, 3) the termination of my employment or 4) my transfer, promotion or demotion out of an AFSCME represented unit. Any revocation or cancellation of this authorization cannot be made retroactively. The deductions made pursuant to this authorization shall be transmitted to the employee organization certified to represent the bargaining unit for my job classification.

Dues Deduction Authorization Cards and Forms "Dues, contributions or gifts to AFSCME are not deductible as charitable contributions for federal income tax purposes. Dues paid to AFSCME, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service".

My signature hereon is authorization for the State to release my social security number in reporting dues deductions.

Signature _____ Date _____ Social Security Number _____

Agency _____ Division or Work Location _____ Job Classification _____

(Check One Only)
OPTION:

A	B	C	D	E

Name (Full Name - Print) _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Unit Code County Class Local
For Union Use Only