

# GGU AUTHORIZATION FOR PAYROLL DEDUCTIONS

Entered \_\_\_\_\_

**COMPLETE AND RETURN TO:** ASEA/AFSCME Local 52, 1577 C Street, Suite 201, Anchorage, AK 99501  
 Phone: (907) 277-5200 Fax: (907) 277-5206

Most Recent Date of Hire	Social Security Number	Voter ID #
Department	Last Name	First Middle
Division	Mailing Address	
Work Location	City	State Zip + 4
Job Title	Physical Address	
Home Phone	City	State Zip + 4
Work Phone	Home E-Mail Address	

SIGNATURE REQUIRED

**I AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PAYCHECK EACH PAY PERIOD, UNION DUES OR FEES IN ACCORDANCE WITH THE TERMS OF THE ASEA/AFSCME LOCAL 52—STATE OF ALASKA COLLECTIVE BARGAINING AGREEMENT.**

(Select One)

- UNION DUES, with full membership rights, including the right to vote and hold office.**
- AGENCY FEES, ( I understand I will not have full rights to participate in the Union, including the right to vote or hold office.)**
- Payroll deduction authorizations for dues may be converted to agency fees during the period of June 1<sup>st</sup> through June 30<sup>th</sup> annually, by submitting a new authorization form.
  - Dues/Fees paid to ASEA/AFSCME Local 52 may qualify as business expense and may be deductible to various restrictions imposed by the Internal Revenue Service.

**ASEA BUSINESS LEAVE BANK**

I acknowledge, as a condition of employment that 7-1/2 hours of personal leave will be deducted and contributed to ASEA/AFSCME Local 52's Union Leave Bank.

**X SIGN HERE**

SIGNATURE OF BARGAINING UNIT MEMBER

DATE

**Authorization for Payroll Deductions of my  
 Public Employees Organized to Promote Legislative Equality (P.E.O.P.L.E.)  
 VOLUNTARY CONTRIBUTION**

*You may make a contribution of any amount, or no contributions at all to P.E.O.P.L.E. The Union will not favor or disadvantage anyone by the level or decision to contribute. In accordance with federal law, the P.E.O.P.L.E. Committee will accept contributions from only members of AFSCME and their families. Contributions to AFSCME P.E.O.P.L.E. are not deductible as a charitable contribution for federal income tax purposes.*

I understand that this contribution may be used for political purposes. My Contribution is voluntary. I understand that it is not required as a condition of membership or as a condition of continued employment, and that I may revoke this authorization at any time by giving 30 days written notice. **I AUTHORIZE THE STATE OF ALASKA TO DEDUCT THE FOLLOWING VOLUNTARY CONTRIBUTION FROM MY PAYCHECK EACH PAY PERIOD, TO BE PAID TO ASEA/AFSCME LOCAL 52 POLITICAL ACTION COMMITTEE.**

- \$2.00     \$5.00     \$ \_\_\_\_\_ (any amount up to \$20.00)     I do not wish to participate at this time.  
(\$5.00 minimum/per payroll contribution qualifies you for AFSCME Incentives)

**If you wish to participate in P.E.O.P.L.E., please select a Jacket Size: (circle one) S M L XL XXL XXXL**

**X SIGN HERE**

SIGNATURE OF BARGAINING UNIT MEMBER

DATE

**UNION RELEASE FOR CONTINUED EMPLOYMENT**

**OFFICE USE ONLY**

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The Bargaining Unit Member named above has fulfilled their dues/fees enrollment obligation under the Collective Bargaining Agreement and is released for the continued state employment beyond their 31<sup>st</sup> day.

**OFFICE USE ONLY**

AUTHORIZED UNION REPRESENTATIVE

DATE