UNIVERSITY OF ALASKA Major Administrative Unit Department UNION DUES/FEES DEDUCTION Last Name First Name REVOCATION FORM 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:

Personnel/Payrol1:

ORIGINAL: Regional Personnel Office COPIES: Applicable Union End Date:

Date: