Agency Fee Authorization Form

Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

SU ID Number: _____ Gender: _____ Date of Birth: _____

Email: _____ Telephone Number: _____

I, _____ choose not to join Adjuncts United at this time, and hereby authorize Syracuse University to deduct from my paycheck the agency fee equivalent of union dues. The agency fee payments shall be made in equal amounts during the academic year. I hereby waive all right and claim to said monies so deducted and transmitted in accordance with this authorization form, and relieve Syracuse University of all liability thereof. This authority shall remain in effect as long as I am employed by Syracuse University as a member of the Adjuncts United bargaining unit. I also understand that I can choose to become a full member of Adjuncts United at any time.

_____

Signature Date

Return this form to the Adjuncts United Treasurer

by campus mail: Kari Shaw
Mathematics
215 Carnegie

or by post: Kari Shaw
6355 Westerly Terrace
Jamesville NY 13078

or scan and email:
keshaw@twcny.rr.com

or scan and email to: keshaw@twcny.rr.com

After you return this form, an agency fee rebate packet will be sent to you.