University of Missouri REQUEST AND AUTHORIZATION FOR DEDUCTION OF ORGANIZATION DUES

(Submit this form to your campus human resources office)

EMPLOYEE SECTION - (please type or print)

Employee Name (Last, First, Middle Initial)	Job Title		EMPL ID
Home Address (Street, City, State, Zip Code)			
Work Address	Department		
Campus Where Employed			
Columbia Hospital	Kansas City	Rolla	St. Louis
Beginning,I, the undersigned, do hereby assign to (check one block)			
 Local 773, Laborers' International Union of North America Local 148, IUOE 			
and hereby authorize The Curators of the University of Missouri to deduct from any net wages due to me and pay to said union such sum monthly as shall equal the monthly membership dues as may be from time to time established and certified by said union to the Curators of the University of Missouri.			
This assignment and authorization shall remain in full force and effect until the first January 1 after delivery by me to The Curators of the University of Missouri of a written revocation, during the period of December 1 through December 31, annually. I understand dues may not be withheld from my earnings except upon my authorization or upon presentation of withdrawal of deduction of organization dues.			
Dues, contributions or gifts paid to the organization selected above are not deductible as charitable contributions for federal income tax purposes. Dues paid, however, may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.			
Employee Signature		bervice.	Date
FOR HUMAN RESOURCES USE ONLY			
Deduction Code Deduction Effective Da	ate	Deduction Amount	
Hourly Rate Pay Period Amount			
Signature (Entered By)			Date Entered
FOR UNION USE ONLY			
UM 71 03-13-19 HR Copy Union Copy Employee Copy			