University of Missouri

REQUEST AND AUTHORIZATION FOR DEDUCTION OF ORGANIZATION DUES FOR LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) LOCAL 955, AFL-CIO

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:	
☐MU ☐MU Healthcare ☐UMKC	

Beginning _____, I, the undersigned, do hereby assign **to Laborers' International Union of North America (LIUNA), Local 955** 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.

I understand that I can voluntarily join the union at any time while employed in an eligible University position.

This assignment and authorization shall remain in full force and effect until January 1 after delivery by me to The Curators of the University of Missouri of a written revocation. I can withdraw union membership during the period of December 1 thru December 31, effective the first payroll beginning on or after the following January 1. I understand that I am able to request a partial reimbursement of my dues if I am involuntarily terminated before the end of my probationary period by reaching out to LIUNA Local 955.

1. The assignment and deduction of union dues will become effective the first day of the month after the request and authorization is delivered not later than the 25th of the month to Human Resources.

2. Such deduction shall be made twice each month, and the University shall, monthly, forward to the designated official of such union.

3. Regular employees who are in classifications within the recognized bargaining unit will be eligible for membership and may choose to authorize check-off of union dues. Such membership does not alter any other section, policy or procedure outlined herein and does not make the provisions of this document, unless otherwise state, applicable to variable hour employees.

Employee Signature	Date

FOR HUMAN RESOURCES USE ONLY

Deduction Code _____	Deduction Effective Date _____	Deduction Amount _____
Hourly Rate _____	Pay Period Amount _____	

Signature (Entered By)	Date Entered

SUBMIT THIS FORM TO YOUR HUMAN RESOURCE OFFICE

UM 71L (APR 25) 04-02-25 ☐ HR Copy ☐ Union Copy ☐ Employee Copy