

Agency Fee Authorization Form

Name: _____ Date of Birth: _____

Street Address: _____ Gender: _____

City: _____ SU ID Number: _____

State: _____ Zipcode: _____ Social Security Number: _____

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 to: Kari Shaw
Dept. of Mathematics
Carnegie Hall

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

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

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