

Date _____

UFF United Faculty of Florida Dues Authorization

115 N Calhoun Street, # 6, Tallahassee, FL 32301 • 850-224-8220 or 863-703-2577 www.unitedfacultyofflorida.org • floridapolyfaculty@gmail.com

I, authorize Florida Polytechnic University to deduct from my pay, starting with the first full semi-monthly pay period commencing not earlier than seven days from the date this authorization is received by the university, membership dues of the United Faculty of Florida in such amount as may be established from time to time in accordance with the constitution and bylaws of UFF and certified in writing to the university, and I direct such that sum so dedicated to be paid to UFF. Currently, dues are one-percent (1%) of regular salary. UFF dues are tax deductible as an "unreimbursed business expense" under provisions of the Internal Revenue Code for income tax filing purposes, but not as a "charitable contribution."		
The below deduction authorization shall continue until either (1) revoked by me with thirty days written notice to UFF and the university payroll department, or (2) my transfer out of the bargaining unit. Unless this Dues Check-Off Authorization is revoked in the manner heretofore started, this authorization shall remain in full force in accordance with the provisions of Section 447.303 Florida Statutes.		
Name		
Home Address		
City	State	Zip
Non-Work E-Mail Address		
Home Phone ()		
Work Phone ()		
Department		
Title		
Office Location	_	
Last four of SSN XXX-XX		
Signature		· · · · · · · · · · · · · · · · · · ·