



Tallahassee, Florida 32301

111 N. Gadsden Street • Suite 100

Florida Public Employees Council 79, AFSCME

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AFSCME - STATE UNIVERSITY SYSTEM - DUES CHECKOFF AUTHORIZATION

I authorize the Florida Board of Regents, through the university (if applicable), to deduct from my pay, starting with the first full pay period commencing not earlier than seven days from the date this authorization is received by the university (or by the Board for Board office employees), membership dues and assessments and the American Federation of State, County and Municipal Employees as established from time to time by AFSCME in accordance with its constitution, and as certified to the board by AFSCME. Furthermore, I understand that such dues and assessments will be paid to AFSCME.

This authorization shall continue until either (1) revoked by me at any time upon thirty days written notice to the Florida Board of Regents, the university personnel office, and to AFSCME; (2) my transfer or promotion out of an AFSCME represented bargaining unit; (3) termination of employment; or (4) revoked pursuant to Section 447.507.F.S.. Dues Deduction Authorization Cards and Forms "Dues, contributions or gifts to AFSCME are not deductible as charitable contributions for federal income tax purposes. Dues paid to AFSCME, however may qualify as business expenses and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service".

By signing this form, I authorize the Board of Regents to release my Social Security number to AFSCME in reporting dues deductions.

Signature	Date	Social Security #
University (or BOR)	Department or Work Location	Job Classification
Name	Phone	Ded Code County Class Local (Line Above for Union Use Only)
Home Address	City	State Zip