



RHODE ISLAND JUDICIAL, PROFESSIONAL AND TECHNICAL EMPLOYEES' LOCAL UNION 808

DUES DEDUCTION AUTHORIZATION

***LAST**

NAME: _____ ***FIRST:** _____ **MIDDLE:** _____

***ADDRESS:** _____ ***CITY** _____ ***STATE** _____

***ZIP** _____ ***DOB** _____ ***SOCIAL SECURITY #** _____

(You can call Union Hall at 331-8080 to provide social security #)

***HOME PHONE#** _____ ***CELL PHONE#** _____

***EMAIL**

ADDRESS: _____ @ _____

***DEPARTMENT:** _____ ***LOCATION:** _____

TO: ACCOUNTS & CONTROL

This is to authorize you to deduct from my wages my regular union dues in accordance with the Collective Bargaining Agreement by and between the Rhode Island Laborers' District Council, on behalf of Local Union 808, 410 South Main Street, Providence, Rhode Island, 02903.

This authorizes Local Union 808 to file this form with the appropriate Department on behalf of the undersigned and is to be effective as soon as received by the Employer.

Date: _____

Signature: _____

Dues, contributions or gifts to Local Union 808 are not deductible as charitable contributions for federal income tax purposes. Dues paid to Local Union 808, however, may qualify as business expenses and may be deducted in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

ALL ITEMS MARKED WITH THE SYMBOL * MUST BE COMPLETED.

410 South Main Street, Providence, Rhode Island 02903

**RHODE ISLAND LABORERS' STATE EMPLOYEES
POLITICAL ACTION COMMITTEE DEDUCTION**

I further authorize the Employer to deduct the sum of two cents (\$.02) per hour for each hour worked, up to thirty five hours (35) weekly as a voluntary contribution to the **Rhode Island Laborers' State Employees Political Action Committee (RILSEPAC)**, which I understand constitutes a separate aggregate fund used for the purposes allowed under the provisions of the Rhode Island law.

Such deductions shall be made from my earned pay on each regularly scheduled pay day and shall be remitted to the designated depository at the same time as employer contributions are remitted to Union Benefit Funds.

The authorization shall become operative upon the date of each collective bargaining agreement entered into between my employer and the Union or on the date in which my Union transmits this Authorization Form, whichever is later and shall be irrevocable for a period of one (1) year, or until termination of the collective bargaining agreement in existence between my employer and the Union, whichever occurs sooner; and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for such terms of the successor collective bargaining agreements between my employer and the Union, whichever shall be shorter, unless written notice is given by me to my Employer and the Local Union not more than twenty (20) days and not less than ten (10) days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between my employer and the Union, whichever occurs sooner. For the effective period of this checkoff authorization and assignment, I hereby waive any right I may have to resign my Union membership. Furthermore, this checkoff authorization shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union. Notwithstanding the foregoing, the two (\$.02) cents per hour authorization for contribution to the RILSEPAC is subject to revocation at any time.

The above revocation must be in writing, bear the date and my signature, and be delivered to the officers of the Local Union of which I am a member and to the Employer with whom I am then currently employed.

Dues, contributions or gifts to the Local Union are not deductible as charitable contributions for federal income tax purposes. Dues paid to the Local Union, 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

Printed Name & Social Security Number

Address

City or Town

State

Zip

Date

AGENCY _____

BUDGET ACCOUNT # _____

Total Biweekly deduction \$1.40