

JOIN SPSE-UPTE – SKILLED TRADES UNIT

NOTE: NO DUES will be deducted until a contract negotiated and accepted by the Skilled Trades unit.

Name (please print) _____ Employee Number _____

Job code _____ L-Code _____ Extension _____ E-mail _____

Home Address _____ City _____ Zip Code _____

Signature _____ Date _____ Home Telephone _____

**EMPLOYEE ORGANIZATION MEMBERSHIP
PAYROLL DEDUCTION AUTHORIZATION**
UPAY 669 (10/80)

**PLEASE
PRINT
OR
TYPE**

CAMPUS LLNL	LOC	EMPLOYEE I.D. *1 Must be entered	DATE *2
ACTION ON THIS FORM TO BECOME EFFECTIVE ON THE PAY PERIOD BEGINNING:			DATE ASAP
MONTHLY DEDUCTION			
		ENROLL	AMOUNT
REGULAR DUES RATE: \$25.00		X	
MAXIMUM DUES: \$25.00 per month			
TOTAL			

LAST NAME, *3	FIRST,	MIDDLE INITIAL
DEPARTMENT EMPLOYED AT LLNL *4		
TITLE AT LLNL *5		
ORGANIZATION NAME (INCLUDING LOCAL NAME AND NUMBER) Society of Professionals, Scientists, and Engineers		

I authorize Lawrence Livermore National Laboratory(LLNL) to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above.

I understand and agree to the arrangement whereby one total monthly deduction will be made by LLNL based upon the current rate of dues, initiation fees, and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO LLNL BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTIONS ARE ASSIGNED AND I HEREBY EXPRESSLY AGREE THAT PURSUANT TO SUCH NOTICE LLNL MAY WITHHOLD FROM MY EARNINGS AMOUNTS EITHER GREATER THAN OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS.

LLNL will remit the amount deducted to the official designated by the organization.

This authorization shall remain in effect until revoked by me - allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof - or until another employee organization becomes my exclusive representative.

It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with LLNL, this authorization will no longer be in effect.

This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made.

Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions it is understood that deductions will be taken in the order assigned by LLNL and no adjustment will be made in a subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE *6	DATE
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FOR LLNL USE ONLY

TRAN CODE	EMPLOYEE ID NO.	DATE	ELEMENT NO.	BAL CD	AMOUNT
1 2	4 12	13 18	19 22	23	24
X1		MO DY YR	6	G
X1			6	G
X1			6	G

RETENTION: 1 YEAR AFTER INACTIVE - ACCOUNTING OFFICE

Mail completed form to: Jeff Colvin/SPSE, L-356, P.O. Box 808, Livermore, CA 94551