

JOIN SPSE-UPTE

Membership is open to all Lawrence Livermore National Laboratory employees that are not represented by another union: To join SPSE-UPTE, complete and return this form. The form below authorizes payment of \$25.00 per month dues to be paid by payroll deduction to SPSE. Be sure to sign on *6. If you do not wish to have automatic deduction do not fill out the * items and you will be billed quarterly.

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			
LAST NAME, *3	FIRST, *3	MIDDLE INITIAL *3	ENROLL AMOUNT
DEPARTMENT EMPLOYED AT U.C. *4			X
TITLE AT U.C. *5			
ORGANIZATION NAME (INCLUDING LOCAL NAME AND NUMBER) Society of Professionals, Scientists, and Engineers - UPTE			
TOTAL			

I authorize The Regents of the University of California 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 the University 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 THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTIONS ARE ASSIGNED AND I HEREBY EXPRESSLY AGREE THAT PURSUANT TO SUCH NOTICE THE UNIVERSITY 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.

The University 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 the University, 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 the University 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 UNIVERSITY USE ONLY

TRAN COD E	EMPLOYEE ID NO.	DATE	ELEME NT NO.	BA L C	AMOUNT
1 2 4	12	13 18	19 22	23 24	30
X1		MO DY YR	6	G
X1			6	G
X1			6	G

RETENTION: 1 YEAR AFTER INACTIVE - ACCOUNTING OFFICE

Mail completed form to: Jim Wolford/SPSE, L-387, P.O. Box 808, Livermore, CA 94551