

AGENCY SHOP FEE AGREEMENT

This form must be completed by all employees except those in the Managerial Pal Plan, Original Jurisdiction titles, and those employees specifically excluded from collective bargaining by decisions of the Office of Collective Bargaining.

NOTICE TO EMPLOYEE

Under an act passed by the New York State Legislature and by agreement between the City and municipal employee unions, bargaining unit employees who are not union members are subject to a deduction from their salary in an amount equal to the dues payable by a union member.

EMPLOYEE AFFIRMATION

I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop Fee deduction which shall be an amount equivalent to the amount of dues payable by a union member.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE FILLED OUT BY AGENCY

NOTICE TO UNION

Please be advised of the appointment or change in status of the employee as indicated below

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Check Digit

Title: \_\_\_\_\_ 

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Job Sequence Number (JSN): \_\_\_\_\_ Check one: Assigned  Automatically

Manually

(List plan assigned)

Payroll No.. \_\_\_\_\_ Title Code No. \_\_\_\_\_

Agency Address: \_\_\_\_\_ Agency Clerk: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Union: \_\_\_\_\_

To the Union: If the deduction plan was assigned incorrectly submit correction to the Organizational Dues Unit, Office of Payroll Administration.

\* FORWARD TO THE APPROPRIATE UNION

\*\* MAINTAIN A COPY IN EMPLOYEE'S PERSONNEL FILE