

Bureau of Human Resources
Compliance Unit, Rm. 3-24

Union Affiliation Acknowledgement Form

NOTICE TO EMPLOYEE

Employee Name: _____

Title: _____

Bargaining unit employees who are not union members are not subject to a deduction from their salary in an amount determined by the union for dues payable by a union member unless you opt-in to membership.

If you are interested in becoming a member of the union that represents your title, as indicated below, you must contact them directly for enrollment.

Name of Union _____

Local _____ Telephone no. _____

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 join the union, I will be subject to an Agency Shop Fee deduction, which is determined by the certified union. **I have also been informed that I must contact the union/local for membership enrollment.**

Employees Signature _____

Date: _____