UNITED FACULTY

of the Contra Costa Community College District

CONTRA COSTA COLLEGE DIABLO VALLEY COLLEGE LOS MEDANOS COLLEGE

UF Membership Enrollment and Payroll Deduction Authorization for Part-Time Faculty

I hereby authorize a deduction from my earnings to cover the standard cost of membership in the United Faculty of CCCCD as follows: 0.0035 of my gross salary, .42 cents per month for the PAF (political action fund) and $5.25 per month for FACCC (the Faculty Association of California Community Colleges) payable to the United Faculty of the CCCCD District and FACCC for professional dues.

I agree these deductions shall be made each month until I instruct you in writing to discontinue the same. I also agree that the amount of the deduction shall be changed to the sum necessary to pay professional dues as authorized by the membership of the United Faculty of the CCCCD unless I instruct you in writing to discontinue the same. First deduction to be made from earnings for the month of _____, **2021.**

_____	_____	_____
Campus	**Department**	**Personal Email**
_____	_____	_____
Phone Number	**Employee ID**	**Print Name**

_____
Signature