



United Faculty of Contra Costa Community College District

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

DATE: _____, 20_____

Name: _____ Campus: _____

Social Security # (Last Four Digits) or Employee ID #: _____

Cell Phone #: _____

Non-District Email Address (for UF communication only): _____

I authorize CCCCCD to deduct from my earnings of 0.55% of my regular salary each month and 0.35% of any overload each month for UF member dues District plus \$2.50 per month UF PAC contribution payable to United Faculty of Contra Costa Community College, and \$15.75 per month payable to the Faculty Association of California Community Colleges Education Institute as FACCC EI member dues (per UF/FACCC contract).

I agree that this deduction 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 4CD unless I instruct you in writing to discontinue the same.

First deduction to be made from earnings for the month of _____, 20_____.

Signature _____