



**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 *Full-Time Faculty***

I hereby authorize CCCCDC 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 CCCCDC unless I instruct you in writing to discontinue the same.

First deduction to be made from earnings for the **month of** \_\_\_\_\_, **2024.**

----- <b>Campus</b>	----- <b>Department</b>	----- <b>Personal Email</b>
----- <b>Phone Number</b>	----- <b>Employee ID</b>	----- <b>Print Name</b>

-----  
**Signature**

----- UF Member Who Referred Me (if any)	----- Referrer Campus
---	--------------------------



**United Faculty of the Contra Costa Community College District 321  
Golf Club Road, FO-121  
Pleasant Hill, CA 94523  
Phone: (925) 680-1771**

**[uf@uf4cd.org](mailto:uf@uf4cd.org)**