

## UNITED FACULTY

## of the Contra Costa Community College District

**CONTRA COSTA COLLEGE** 

First deduction to be made from earnings for the **month of** 

**DIABLO VALLEY COLLEGE** 

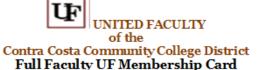
**LOS MEDANOS COLLEGE** 

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

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

t deduction to be made from earnings for the <b>month of</b>		
Campus	Department	Personal Email
Phone Number	Employee ID	Print Name
Signature		
UF Member Who Referred M	Te (if any) Referrer Campus	



Member Name: Member Since:

> 321 Golf Club Road, FO-121 Pleasant Hill, CA94523 Phone: (925) 680-1771 \* FAX (925) 680-7283 uf@uf4cd.org

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