

**WHO'S ELIGIBLE TO JOIN CUE**

Any non-supervisory career, casual or probationary employee whose payroll title is in UC's clerical and allied services unit, including: Administrative Assistants; \_\_\_\_\_ Assistants; Administrative Services (at LBNL); Bibliographers; Cashiers; Child Care Assistants; Clerks, Coders, Collections Representatives; Key Entry Operators; Library Assistants; Program Assistants; Public Safety Dispatchers; Secretaries; Survey Workers; Word Processing Specialists, and others. (Contact CUE if you're unsure whether you are eligible.)

**MEMBER INFORMATION / PAYROLL DEDUCTION AUTHORIZATION**

Last Name		First Name		M.I.	Payroll title (not working title)	
Mailing address -- Number & street, apt., PO box, etc.					Department	
City		State		Zip	Room # or floor	Building name (if any)
Home phone ( ) -		Work phone ( ) -		ext	Building street address (if any)	
Work email address					City & zip (if off-campus location)	
Non-work email address					Use my <input type="radio"/> work <input type="radio"/> non-work email address to contact me (Please check one)	

Campus	Loc	Employee ID #
Date		
ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAYCHECK BEGINNING:		
mo	dy	yr

MONTHLY DEDUCTION		
	ENROLL	CURRENT AMOUNT
DUES	X	0.5% (1/2 of 1%) per month
TOTAL		0.5% (1/2 of 1%) per month
ORGANIZATION NAME <b>COALITION OF UNIVERSITY EMPLOYEES</b>		

I authorize the Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above. I understand and agree to the arrangement whereby one total monthly deduction will be made by the University based upon the current rate of dues, initiation fees, and general assessments. I also understand that changes in the rate of dues, initiation fees and general assessments may be made after notice to that effect is given to the university by the organization to which such authorized deductions are assigned and I hereby expressly agree that pursuant to such notice the university may withhold from my earnings amounts either greater than or less than those shown above without obligation to inform me before doing so or to seek additional authorization from me for such withholdings. The University will remit the amount deducted to the official designated by the organization. This authorization shall remain in effect until revoked by me—allowing up to 30 days' time to change the payroll records in order to make effective this assignment or revocation thereof—or until another employee organization becomes my exclusive representative. It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect. This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made. Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in a subsequent pay period for membership dues, initiation fees and general assessments.

Employee signature	Date
	mo dy yr

**I understand that my membership makes CUE possible and entitles me to participate in union decisions and activities, and that as a member I enjoy all rights and privileges guaranteed by the union constitution.**

**ACTIVE MEMBERSHIP MAKES A STRONG UNION**

- PLEASE ADD ME TO THE CUE LITERATURE DISTRIBUTION NETWORK. I CAN DISTRIBUTE UNION NEWSLETTERS & FLYERS IN MY DEPARTMENT OR BUILDING.
- PLEASE CALL ME. I CAN CONTRIBUTE TIME TO HELP BUILD THE UNION.

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**PLEASE SIGN & DATE, THEN RETURN COMPLETED FORM TO CUE. DO NOT SUBMIT DIRECTLY TO CAMPUS PAYROLL OR LABOR RELATIONS.**

For university use only



TRAN CODE	EMPLOYEE ID NO.	DATE	ELEMENT NO.	BAL CD	AMOUNT
1 2 4	12	13 18 19	22	23 23	30
		MO DY YR			
X1		.	6	G	. . . . .
X1		.	6	G	. . . . .
X1		.	6	G	. . . . .