

Bureau of Human Resources
Compliance Unit, Rm. 3-24

Union Affiliation Acknowledgement Form

NOTICE TO EMPLOYEE

Employee Name: _____

Title: _____

Bargaining unit employees who are not union members are not subject to a deduction from their salary in an amount determined by the union for dues payable by a union member unless you opt-in to membership.

If you are interested in becoming a member of the union that represents your title, as indicated below, you must contact them directly for enrollment.

Name of Union _____

Local _____ Telephone no. _____

Please note: Not all civil service titles are represented by a union.

EMPLOYEE AFFIRMATION

I am affirming that I have been informed of the right to join the union (if applicable) and that if I choose to join the union, I will be subjected to a union dues fee deduction, which is determined by the affiliated union. In addition, I understand that this form does not enroll me into a union and if applicable I must contact the affiliated union directly for membership enrollment.

Employees Signature _____

Date: _____