



FULFILLING THE COMMITMENT
TO BUILD GREAT MINDS

AUTHORIZATION OF VOLUNTARY DEDUCTION FOR PAYMENT OF LABOR ORGANIZATION DUES

Government of the District of Columbia Office of Budget and Financial Mgt. District

SECTION A: TO BE COMPLETED BY EMPLOYEE.

Full Name: _____ Last _____ First _____ M.I. _____

Address: _____
Street Address _____ City _____ State _____ Zip Code _____

Home Phone: _____ Alternate Phone: _____

Personal E-mail Address: _____

DCPS Employee ID Number (On Pay Check Stub): _____

Effective Date: ____/____/____ Place of Employment: _____

School

I hereby authorize a deduction from my pay each pay period to be forwarded to the labor organization named herein:

D.C. Government Employer Agency:

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

NEW APPLICATION

Deduction / Payroll Code

0 2 0 5

Signature of Employee

SECTION B: TO BE COMPLETED BY WTU MEMBERSHIP DIRECTOR.

I hereby certify that the regular dues of this organization for the above named member are currently established at **\$36.08** per biweekly pay period.

Labor Organization: **WASHINGTON TEACHERS' UNION**

Date: ____/____/____

Signature and title of authorized official

Please Note:

If forms do not meet the requirements below, they will not be processed and will be returned to the Labor Organization:

- This form must be dated and signed by the employees and authorized Union representative.
- This form must contain original signatures of the employee and authorized Union representative.
- This form must be submitted to the Office of Labor Relations and Collective Bargaining (or the Independent Agency) within one year of the date of the employee's or the Union representative's signature. (Forms more than one year old will not be processed).

Mail to: **Washington Teachers' Union-Membership Department**
1239 Pennsylvania Avenue, SE
Washington, D.C. 20003

DO NOT FAX OR SCAN. MUST MAIL ORIGINAL COPY.