



**AFSCME 3299**

American Federation of State, County and Municipal Employees Local 3299

## AUTHORIZATION TO CANCEL MEMBERSHIP

**TYPE OF CANCELLATION:**

UNION MEMBERSHIP (Return to Service Fees)

[illegible]

**Last Name**

[illegible]

First Name

[illegible]

**Street Address**

Apt. #

[illegible]

City

## State

**Zip Code**

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**Work Phone****Home Phone**[illegible]

Employee ID Number

**University of California at \_\_\_\_\_ (campus)**

I hereby request and authorize you to cancel my membership with AFSCME Local 3299 and stop deducting dues from my earnings each payroll period. ***By revoking my membership, I understand that I am waiving all rights and benefits associated with Union membership.*** Please only deduct an amount sufficient to provide for the regular payment of any service fees to which I have agreed, as certified by AFSCME Local 3299. The amount deducted shall be transmitted as designated by AFSCME. This cancellation shall remain in effect unless terminated by me. By signing below, I understand that I am also canceling my authorization to make PEOPLE contributions through payroll deductions and ask that this cancellation be processed as soon as practicable.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee Signature

### Job Classification

## Department