|  |  |
| --- | --- |
| TCCFT-Logo.tif | Payroll Deduction Authorization |

As a condition of employment, the Faculty Negotiated Agreement requires all full-time academic employees and part-time academic employees who are benefit eligible to either become members of the Tacoma Community College Federation of Teachers (TCCFT) or pay a representation fee equal to the dues. Any TCC employee who is not already paying TCCFT dues and is teaching seven and one half (7.5) instructional contract hours a week or more in any given quarter is required to pay the union representation fee. I hereby authorize and direct the Board of Trustees of Tacoma Community College through its officers, agents and employees, to make deductions from my salary in the amount certified by TCCFT as dues, effective immediately. As TCCFT dues change and/or my employment status changes between full and part-time faculty status, the amount withheld will be changed in accordance with the Faculty Negotiated Agreement. I also authorize and direct the transfer and payment of such deductions to the treasurer of the TCCFT.

Further, I acknowledge that I have been informed by this document of my “Hudson Rights” which provide for an annually calculated portion of these Union dues which are not expended directly on Contract representation to be credited back to me at the beginning of the academic year should I choose to not be a member of TCCFT. I acknowledge my responsibility to initiate that exemption by contacting the TCCT Membership officer within 30 days of signing this acknowledgement.

For part-time faculty only, please check one:

* I authorize dues to be deducted only when required.
* I wish to be a member of TCCFT – Please deduct dues even if not required.

If you have any questions, please contact the TCCFT membership chair.

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Human Resources in Building 18  
  
 Revised Eff 7/1/14