

# University of Missouri

## WITHDRAW OF AUTHORIZATION FOR DEDUCTION OF ORGANIZATION DUES

(Submit this form to your Campus Human Resources Office; please type or print)

### EMPLOYEE SECTION

Employee Name (Last, First, Middle Initial)	Job Title	EMPIL ID
Work Address	Department	
Campus Where Employed <input type="checkbox"/> Columbia <input type="checkbox"/> Hospital <input type="checkbox"/> Kansas City <input type="checkbox"/> Rolla <input type="checkbox"/> St. Louis		
I, the undersigned, do hereby revoke my assignment to, and authorization to deduct dues from my wages for (check the block that applies)  <input type="checkbox"/> Local 773, Laborers' International Union of North America <input type="checkbox"/> Local 148, IUOE <input type="checkbox"/> Local 257, IBEW  Effective with the first payroll period beginning on or after the first January 1 following the date of this revocation."		
Employee Signature	Date	

### FOR HUMAN RESOURCES USE ONLY

Deduction Code _____	Deduction Effective Date Canceled _____
Signature (Entered By)	Date Entered
Union Representative Signature (Not required before submission to Human Resources)	Date

UM 70 (JAN 13) 1/23/13

HR Copy     Union Copy     Employee Copy