

University of Missouri

WITHDRAW OF AUTHORIZATION FOR DEDUCTION OF ORGANIZATION DUES

(Submit this form to your 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 955, Laborers' International Union of North America <input type="checkbox"/> Local 148, IUOE 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

UM 70 (Mar 21) 03-05-21

HR Copy Union Copy Employee Copy