

| COMPANY |
|---------|
| |

U.W.U.A. Local 246

UNION SECURITY STATEMENT AND EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION OF UNION DUES

| HIRE DATE | | |
|-----------|-----|------|
| MONTH | DAY | YEAR |
| | | |

| SOCIAL SECURITY NUMBER | FIRST NAME | LAST NAME | MIDDLE INITIAL |
|------------------------|------------|-----------|----------------|
| | | | |

Job Classification: _____

I understand and agree that I am employed in a job classification represented by the Utility Workers Union of America, Local 246, AFL-CIO. I further understand that I am subject to the Recognition provisions of the agreement between the Company and UWWA, Local 246 that is in effect and applicable to my classification. Pursuant to provisions of that agreement:

I hereby authorize the Company to deduct from my gross earnings, according to the applicable provisions of the Agreement, a sum equal to 1% of my gross hourly rate up to but not to exceed the amount of total monthly dues established under the terms of the Local Constitution, and to remit this amount monthly to the Financial Secretary of UWWA, Local 246.

This authorization shall be irrevocable for a period of one year or the termination date of the agreement, whichever occurs sooner. This authorization shall automatically terminate in the event of termination of the collective bargaining agreement between the Company and the Union, or in the event that my employment with the Company is terminated, and shall be suspended during the period that I am transferred or promoted into a classification not covered by said provisions.

Signature: _____ Date: _____

Mailing Address: _____ / _____ / _____ / _____
Street Address City State Zip

Home Phone: (_____) _____ Alternate Phone: (_____) _____
Area Code Number Area Code Number

| CHECK ONE BOX ONLY | | | |
|--------------------|------------|--------------------------|--------------------------|
| UNION DUES | AGENCY FEE | <input type="checkbox"/> | <input type="checkbox"/> |