

**APPENDIX D**  
**UNITED FACULTY OF FLORIDA – SAMPLE DUES CHECK-OFF**  
**AUTHORIZATION FORM**  
**[AMENDED AUGUST 2019]**

*(From Article 15 – Payroll Deduction)*

I authorize the University to deduct from my pay, starting with the first full pay period commencing not earlier than seven (7) days from the date this authorization is received by the University, membership dues and other authorized deductions of the United Faculty of Florida (UFF) as established from time to time by UFF in accordance with its Constitution, and as certified to the University by UFF. Furthermore, I understand that such dues will be paid to UFF.

This authorization will continue until either (1) revoked by me at any time upon thirty (30) days written notice to the University payroll office; (2) my transition/transfer out of a UFF represented bargaining unit; (3) termination of employment; or (4) revoked pursuant to section 447.507, Florida Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Department or Work Location

\_\_\_\_\_  
Job Classification

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_