

# Ohlone College Memorandum

To: Human Resources/Payroll Departments

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: Payroll Deduction for Full-Time Faculty Union Dues

Academic Year: \_\_\_\_\_

I authorize Ohlone College to withhold \$36.00 per month from my pay warrant for United Faculty of Ohlone (UFO) Union Dues.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 digits of your Social Security  
Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date