

UFF-FSU-GAU

UNITED FACULTY OF FLORIDA-FLORIDA STATE UNIVERSITY
GRADUATE ASSISTANTS UNITED

DUES CHECK-OFF AUTHORIZATION FORM

I authorize the University Board of Trustees, through 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 uniform assessments of the United Faculty of Florida in such amount as may be established from time to time in accordance with the constitution and bylaws of the UFF and certified in writing to the Florida State University Board of Trustees by the UFF, and I direct that the sum or sums so deducted be paid over to the UFF.

Dues payments to UFF are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

This authorization shall continue until either (1) revoked by me at any time upon thirty (30) days written notice to the University Personnel Office, or (2) the discontinuance of my status within this bargaining unit for more than two consecutive semesters (i.e. Fall-Spring, Spring-Summer, or Summer-Fall).

UFF-FSU-GAU dues are 1% of bi-weekly salary.

PLEASE PRINT

_____	_____
Date	Employee's Signature
_____	_____
FSU ID NUMBER	First and Last Name
_____	_____
Department	Work Phone number
_____	_____
Cell phone number	Email
_____	_____
Home address	City State Zip

Please return to your UFF-FSU-GAU Treasurer or UFF State Office, 306 East Park Avenue, Tallahassee, Florida 32301.

United Faculty of Florida Representation Policy

In accordance with the statewide United Faculty of Florida (UFF) grievance representation policy, ***UFF-FSU-GAU will not provide grievance representation to graduate employees who were not dues-paying UFF-FSU-GAU members at the time when the grievable incident occurred.***

All graduate employees have the right to file an individual grievance, but those who were not UFF-FSU-GAU members when the incident occurred must represent themselves or retain an attorney. UFF-FSU-GAU retains the sole and exclusive right to invoke arbitration; non-members will not automatically have the right to pursue a remedy beyond the grievance process. If UFF-FSU-GAU agrees to allow a non-member to proceed to arbitration, the non-member will be responsible for the cost of the arbitration – \$2000 to \$4000 – and must provide his or her own attorney, the cost of which can exceed \$20,000. If a non-member informs the chapter of an incident, UFF-FSU-GAU *may* file a grievance on behalf of the chapter if it is believed to have chapter-wide impact on the enforcement of the collective bargaining agreement; however, that is at the discretion of the chapter.

Please be aware that you are NOT automatically a member of UFF-FSU-GAU. You must complete and sign a membership form and submit it to UFF-FSU-GAU in order to become a member. In addition to guaranteeing yourself free representation in any grievance and arbitration proceedings that you may need to initiate in the future, by becoming a UFF-FSU-GAU member you will:

- ✓ Strengthen the voice of graduate assistants in negotiations;
- ✓ Support our lobbying efforts for better higher education funding and academic excellence;
- ✓ Receive professional protection by way of a free \$1 million professional liability policy;
- ✓ Obtain the right to vote in UFF-FSU-GAU elections and thereby influence UFF-FSU-GAU bargaining priorities;
- ✓ Gain access to a variety of “members only” workshops, events and services, including free life insurance policies and legal representation;
- ✓ Receive free professional publications and literature about national higher education issues.

We want to ensure that you make an informed decision at this time. Please complete and sign either the ***Membership Form*** or the ***Acknowledgement of Non-Representation Form*** and return it to UFF-FSU-GAU.

Support the Team that Works for You Join UFF-FSU-GAU!

Acknowledgement of Non-Representation (for those declining membership)

I, _____, hereby acknowledge that I am aware that I am not a member of United Faculty of Florida – Graduate Assistants United and that I will not receive protection or assistance from UFF-FSU-GAU in the event that I am unfairly terminated, forced to work more hours or teach more students, have my pay diminished, or suffer any other violation of the collective bargaining agreement. I understand that as a non-member, I will have to provide my own representation to enforce any contractual violations or defend my employment status.

Signature: _____ Date _____

Please return to your UFF-FSU-GAU Treasurer or UFF State Office, 306 East Park Avenue, Tallahassee, Florida 32301.