

Return this form to:
HR Service Center
hrservic@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

I hereby authorize you to deduct and withhold from my wages on a weekly basis the amount equal to the dues, initiation fees, and assessments (where applicable) by Local 200United, Service Employees International Union, and to remit the same weekly to 1153 West Fayette Street, Suite 302, Syracuse, New York, 13201, or at whatever address such union may be located if the same is changed following the signing of this authorization. This authorization shall be irrevocable for a period of one (1) year or the period of the Agreement between Syracuse University and Local 200United, Service Employees International Union, dated June 30, 2010, whichever shall occur sooner, and shall thereafter be renewed for yearly periods unless revoked by me no later than thirty (30) days immediately preceding the termination of such Agreement or one (1) year from the date shown below, whichever occurs sooner. Such revocation must be in writing, bearing the date revoked and my signature. I release the Employer from any and all liability for making this check-off from my pay.

SU ID Number: _____

Date: _____

Address: _____

Employee (print): _____

Signature: _____