

APPENDIX B

Authorization for Revocation of Union Dues

I hereby authorize the St. Johns County Board of County Commissioners to stop deducting bi-weekly from my earnings dues for the St. Johns County Professional Firefighters and Paramedics, IAFF, Local #3865, AFL-CIO in the amount certified by the Financial Office of Local #3865, and further certify that I have notified said Local#3865, in writing, in accordance with the currently effective Agreement between the St. Johns County Board of County Commissioners and said Local #3865 and applicable statutes. This authorization is effective thirty (30) days following receipt of this written notice by both the County and Local #3865 and will be processed on the next effective pay period.

I hereby relieve the County and any Department of the County, and all their officers, representatives or agents from liability therefore.

My signature below indicates my approval to revoke deductions for dues, other assessments, and, if indicated, additional premiums for benefits in the amounts indicated.

DUES: \$ _____ **Other Assessments:** \$ _____

BENEFITS: \$ _____

Employee Name (PRINTED): _____

Employee Name (SIGNED): _____

EMPLOYEE #: _____

DATE: _____

Staff Use Only

Copy Received By: _____

Sent to IAFF On: _____