

APPENDIX A

Authorization for Check off of Union Dues

I hereby authorize the St. Johns County Board of County Commissioners to deduct bi-weekly from my earnings dues, other assessments, and premiums for benefits provided through 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 authorize the remittance of such amount(s) to 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. 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 waive all right and claim for said monies so deducted and transmitted in accordance with this authorization and, further and separately, 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 deduct dues, other assessments, and, if indicated, additional premiums for benefits in the amount indicated. I understand that additional benefits are offered and managed through the Local #3865 and are optional. Deductions will appear as a total amount on my pay stub.

DUES and OTHER ASSESSMENTS: \$ _____

BENEFITS: \$ _____

Employee Name (PRINTED): _____

Employee Name (SIGNED): _____

EMPLOYEE #: _____

DATE: _____

Staff Use Only

Copy Received By:

Sent to IAFF On: