

STATE EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

NAME _____ DATE _____
 ADDRESS _____ ZIP CODE _____
 AGENCY _____ EMPLOYEE NUMBER _____
 HOME PHONE _____ HOUSE DISTRICT _____ SENATE DISTRICT _____

AUDITOR, STATE OF WYOMING
DEAR SIR:

NOTICE: WPEA Board Policy requires a 45 day waiting period for grievance / dismissal appeal representation of new members.

You are hereby requested to withhold dues and other designated deductions in an amount approved in accordance with current WPEA By-Laws from my salary each month and forward that amount to the Wyoming Public Employees Association. I understand and agree that this deduction authorization does not constitute recognition by the State of Wyoming of the WPEA as a bargaining agent for me or other employees and I agree that I will not, either individually or collectively as a member of a group or organization, assert or contend in any way whatsoever that it does constitute such recognition.

Signature **X** _____

CARD CODE	AGENCY		EMPLOYEE NO.	USER ID		CODE	AMOUNT
1 4	5 6		11 16	17 18		20 22 23	29
RKWY				3 2		1 A N	

DUES	PAC	INS.