

Service Fee Authorization

Employee Name _____

Employee ID Number _____

Department Name _____

Work Phone _____

I, _____, authorize Fletcher Allen Health Care (“FAHC”) to deduct from my base salary, VFNHP, Local 5221, UP AFT VT (“Local 5221”) uniform service fees consistent with the collective-bargaining agreement (the “Contract”), between FAHC and Local 5221 and transmit the fees to the treasurer designated by Local 5221. The deductions shall be made in equal amounts according to FAHC’s payroll system. Any future change in the uniform service fees which is approved by the membership of Local 5221 as provided for in the constitution of VFNHP or its affiliates and is consistent with the Contract shall be applied automatically to my deductions.

I submit this authorization and assignment with the understanding that it will be binding for a period of one year from this date or for the term of the Contract in effect on this date, whichever is earlier. This authorization and assignment shall continue in full force and effect for yearly periods beyond the irrevocable period set forth above, and subsequent yearly periods shall be similarly irrevocable unless revoked by me in written form by registered mail return receipt requested to FAHC with a copy to Local 5221, within thirty (30) calendar days prior to the anniversary of my signing this agreement. The deduction of uniform service fees under this authorization and assignment shall cease whenever there is no collective-bargaining agreement in effect between FAHC and Local 5221.

I understand that if I, at any time, choose to join Local 5221 and become a full dues paying member I will be required to execute an authorization for the deduction of uniform membership fees. That authorization will take precedence over any other authorization in effect at that time.

Print Name: _____

Signature: _____

Date: _____

RN LPN TECH ((Check one))

Please return original to VFNHP 308 Pine St Burlington VT 05401 or fax to 802.658.7673