

MSEA Bargaining Unit Funds Deduction Authorization Form

This form must be completed and returned to MSEA by **June 1st** if bargaining unit funds are to be deducted through check-off for the **upcoming school year**. Authorization forms will not be accepted after the deadline.

ATTN: Lynn Jansen
MSEA
190 E 5th St., Ste. 750
St. Paul, MN 55101

FAX: 651-297-6814
FAX: 888-329-6732

BARGAINING UNIT NAME _____

Option A: \$6.00 per member and \$5.10 per fair share fee payer
Option B: \$12.00 per member and \$10.20 per fair share fee payer
Option C: \$18.00 per member and \$15.30 per fair share fee payer
Option D: \$24.00 per member and \$20.40 per fair share fee payer

AUTHORIZATION GRANTED BY:

Date of Meeting Authorizing Unit Dues _____

Dues Option _____

Tally of Votes _____ YES

_____ NO

Verified by _____

The unit operating policy amended to reflect this change must be submitted to the MSEA office.

A budget showing the expenditures for the full unit and the expenditures for full members only (cannot be more than 15% of the total budget) must be submitted along with this form.

Submitted by:

Name	Title	Date
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