

UNION DROP FORM

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To remove your name from union membership and payroll deduction list, please complete, sign and send this top portion to the local LAE or LFT affiliate.

Louisiana Federation of Teachers
9623 Brookline Ave
Baton Rouge, LA 70809-1433
Phone: (225)923-1037

Louisiana Association of Educators
P.O. Box 479
Baton Rouge, LA 70821
Phone: (800) 256-4523

REQUEST

Present Organization: _____

Name: _____

My social security number is _____.

Mailing Address

City

Zip

Please remove my name from your membership roll for the **20**__-**20**__ school year.

Signature

Date

PAYROLL DEDUCTION FORM

Cut along the lines. Complete and mail the following request to your local school board payroll deduction department. Be sure to fill in the years.

REQUEST

School Board Office: _____

Name: _____

My social security number is _____.

Mailing Address

City

Zip

Attention: Payroll Deduction Department

Please discontinue payroll deduction of professional dues for LAE/LFT from my paychecks for the **20**__ - **20**__ school year. Notice is being sent to the local association office.

I am a new Associated Professional Educators of Louisiana (A+PEL) member and authorize payroll deduction. (A+PEL will notify you also).

Signature

Date

LAFAYETTE PARISH SCHOOL BOARD

EMPLOYEE ORGANIZATION MEMBERSHIP TERMINATION

Employee Name: _____

School/Department: _____

Social Security Number: _____

Amount of Deduction: \$ _____

Name of Employee Organization: _____

Effective Date of Termination: _____

(Payroll Department to Complete)

I hereby request that the Payroll Department terminate my dues deduction for the organization listed above.

Employee Signature

Date