



## DUES REVOCATION

In accordance with the terms and conditions of the Authorization For Deduction of Dues United Federation of Teachers AFL-CIO, I revoke my prior permission to deduct union dues from my salary or wages and hereby provide written notice to my employer to no longer deduct the amount of union dues in each regular payroll from my salary or wages and to no longer pay over said sum to the employee organization United Federation of Teachers AFL-CIO.

I understand this revocation applies to union dues only. All notices received regarding union membership revocation will be processed in accordance with applicable law. Any other applicable deductions authorized under law may remain.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Print name / Signature / Employee Number/  
File Number (circle one)

Date signed: \_\_\_\_\_

Form must be dropped off in person at:

HR Connect Walk-in Center  
65 Court Street, 1<sup>st</sup> Floor  
Brooklyn, NY 11201

**OR**

Mailed to:

Revocation Form – Dues Deduction  
Benefits Department  
4<sup>th</sup> Floor  
65 Court Street  
Brooklyn, NY 11201