

**CITY OF SAN BRUNO
AUTHORIZATION FOR PAYROLL DEDUCTION OF DUES**

I, the undersigned, voluntarily authorize the CITY OF SAN BRUNO to deduct from my salary and to transmit to, TEAMSTERS LOCAL 856 any and all sums of money certified by LOCAL 856 to be payable by me for membership dues or which are presently due and which shall become due from month to month uniformly imposed by said Local Union. This deduction from my earnings shall be made once each bi-weekly payroll for my dues beginning on the payroll for the first pay period worked in the amount corresponding to my bargaining unit below:

| BARGAINING UNIT | RATE |
|---|---|
| <input type="checkbox"/> Fire | \$74/month (\$34.16 bi-weekly) |
| <input type="checkbox"/> Mid-Management | \$70/month (\$32.31 bi-weekly) |
| <input type="checkbox"/> Miscellaneous | 2.5x hourly rate (rounded)/month – Maximum \$70 (Bi-weekly 2.5xhourly rate rounded, then multiplied by 12 and divided by 26) |
| <input type="checkbox"/> Public Safety Mid-Management | \$79/month (\$36.46 bi-weekly) |
| <input type="checkbox"/> Police (Sworn) | \$74/month (\$34.16 bi-weekly) |
| <input type="checkbox"/> Police (Non-Sworn) | \$72/month (\$33.23 bi-weekly) |

This authorization is to remain in effect for a period of twelve (12) months from date of execution and shall be automatically renewed from year to year thereafter, unless I notify the above-named Union and employer in writing within twenty (20) days prior to the annual renewal dates that such authorization be terminated.

NAME (PRINT) _____ SIGNATURE _____ DATE _____



ATTENTION: POLICE DEPARTMENT EMPLOYEES ONLY

I, the undersigned, voluntarily authorize the CITY OF SAN BRUNO to deduct from my salary and to transmit to, SAN BRUNO POLICE ASSOCIATION (POA) any and all sums of money certified by the POA to be payable by me for membership dues which are presently due, and which shall become due, from month to month. If I wish to cease authorization, I shall do so in writing to the POA and the City. The biweekly deduction is currently \$20.00 (\$43.33 monthly).

NAME (PRINT) _____ SIGNATURE _____ DATE _____



ATTENTION: FIRE DEPARTMENT EMPLOYEES ONLY

I, the undersigned, voluntarily authorize the CITY OF SAN BRUNO to deduct from my salary and to transmit to, SAN BRUNO PROFESSIONAL FIREFIGHTER ASSOCIATION (SBPFFA) any and all sums of money certified by the SBPFFA to be payable by me for membership dues which are presently due, and which shall become due, from month to month uniformly imposed by SBPFFA. The biweekly deduction is currently \$22.00 (\$47.67 monthly).

NAME (PRINT) _____ SIGNATURE _____ DATE _____