

New Faculty Hires in the San Mateo Community College District

Important Notice

Now that the faculty and the Trustees in this District have voted to have an Agency Shop arrangement, the Union is required by law to provide all new faculty hires and non-Union faculty in the bargaining unit with the opportunity to select one of the following:

- A) Become a member of Local 1493; or
- B) Pay a Service Fee to Local 1493 in lieu of membership; or
- C) If you are a Conscientious Objector within the criteria set forth herein, or in other law, pay an amount equal to the AFT Local 1493 service fee to a non-religious charitable fund as set forth herein (see the "Selection of Options" form included herein).

The agency fee charged to non-members shall be the same as annual membership dues (1.2% of gross earnings). Fee payers may, however, request a reduction of their agency fees by the amount determined annually by an independent auditor to be "non-chargeable" to fee payers.

The "Selection of Options" form included herein lists the above 3 options and the criteria re Option C. Also enclosed is a two-page (or double-sided) "AFT 1493 Membership Application", which consists of our Membership Application on Page 1 and the District's Deduction form on Page 2. Please select <u>either</u> the "Selection of Options" form <u>or</u> the "AFT 1493 Membership Application" to complete as follows:

If you select Options B or C (Service Fee or Conscientious Objector status), please complete **only the "Selection of Options" form** indicating your choice of either B or C. <u>If you select Option C, please provide proof of your Conscientious Objector status.</u> **Please also complete the personal information requested on the bottom** (so that we may properly process your record), and return the form to the Union Office at CSM (17-131). **ALL FACULTY MEMBERS WHO ELECT NOT TO JOIN AFT LOCAL 1493 MUST FILL OUT THIS LEGALLY REQUIRED DOCUMENT**. This form should be returned within 2 weeks of your hire date.

If, however, you elect to join AFT Local 1493 (option A), please submit the enclosed, two-page (or double-sided) "AFT 1493 Membership Application" <u>rather than</u> the "Selection of Options" form. We ask that you fully complete <u>both pages</u> (or sides) of the AFT Membership Application / Payroll Deduction Form and forward it to the Union Office at CSM (17-131) within 2 weeks of your hire date.

Thank you for your cooperation and timely response.

SELECTION OF OPTIONS FORM

Please complete and return this form to the AFT Office at CSM (17-131)

(PLEASE SELECT ONE)

A _____ FOR LOCAL 1493 MEMBERSHIP DUES

"I authorize the San Mateo County Community College District to deduct from my wages the amount certified by Local 1493 as proper dues and/or fees for services provided by Local 1493. I hereby elect that such deduction be applied as follows:

(if so, please fill out BOTH SIDES (c	or both pages) of our Membership Application)						
Membership Application form on Pa	<u>Please Note</u> : If you did <u>not</u> receive the double-sided (or two-page) Membership Application (with the Membership Application form on Page 1 and the District's Deduction Form on Page 2) and you wish to join AFT 1493, please fill out THIS form and request that we forward the Application to you.						
	FOR A SERVICE FEE IN LIEU OF MEMBERSHIP DUES (if so, please COMPLETELY fill out THIS form)						
C FOR A WAIVERCONSCIENT	TOUS OBJECTOR (see eligibility requirements below) *						
· •	THIS form, select one of the 5 charities from the list below, and						
ENTER THE NAME OF THE CHAR You must also <i>provide proof</i> of you	TTY HERE r Conscientious Objector religious affiliation.)						
objection to joining or supporting any employment of the services provided by Local 1493, I agree the following five non-religious charitable fun Code: 1) United Way; 2) Foundation for SMC 5) American Red Cross. I agree to provide Leftrom payment of membership dues or service. I further agree that if a dispute occurs between	ween Local 1493 and myself as to claimed exemption or proof of payment as ave deducted from my wages an amount equal to the applicable membership						
Print Name	Street Address						
Campus	City Zip Code						
Division	Home Phone						
Department (Subject Taught)	Off-Campus Business Phone or Cell Phone						
Campus Office Location (Bldg & Room)	Social Security Number (optional)						
Campus Office Location (Bldg & Room) Campus Phone Extension	Social Security Number (optional) Employee ID ("G") Number (required)						



Join now and have a voice in your union!

San Mateo Community College Federation of Teachers

AFT Local 1493, CFT, AFL-CIO MEMBERSHIP APPLICATION

Please fill out this form, and the Payroll Deduction form (p.2), and return it to your Division with your New Hire packet. You may also send it through campus mail to AFT 1493 at CSM (17-131).

Print N	Name	Street Address						
Campi	us	City	Zip Code					
Divisi	on	Home Phone						
Department (Subject Taught)		Off-Campus B	usiness Phone or Cell Phone					
Campus Office Location (Bldg & Room)		Social Security	Social Security Number (optional)					
Campus Phone Extension		Employee ID (Employee ID ("G") Number (required)					
Signat	ure	Date						
<u>Dues</u>	Category (check one):							
	Contract Status (over 60% of full time) – 1.2% of each paycheck's gross earnings (fall, spring & summer)							
	Adjunct Faculty 1.2% of each paycheck's gross earnings (fall, spring & summer)							
Meth	od of Dues Payment (check one):							
	Payroll Deduction (PLEASE COMPLETE AND SIGN T	HE PAYROLL DEDU	CTIONS FORM on Page 2)					
	Remit by Personal Check (Your union would prefer that you not choose this option, as it requires a lump-sum payment from you and extra bookkeeping expenses for AFT.)							
	Dues paid to AFT 1493 may not be	deductible for federal inco	me tay nurnoses:					

Dues paid to AFT 1493 may not be deductible for federal income tax purposes; however, under limited circumstances, dues may qualify as a business expense.

AFT 1493, 1700 W. Hillsdale Blvd., San Mateo, CA, 94402, 650-574-6491

AFT 1493 Membership Application - PAYROLL DEDUCTION Form

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

College of San Ma	ateo 🗌	Cañada College	☐ Sky	rline College 🗌	Chancellor's Office					
PAYROLL DEDUCTIONS FOR ALL ACADEMIC PERSONNEL										
<u>Please Note</u> : If you are joining AFT Local 1493, please <u>sign</u> this form (as required by the District), and please also <u>complete the Membership Application Form on page 1</u> .										
Name (please <u>print</u>)										
Payroll Authorization: Pursuant to Section 87833 of the Education Code and 3543.1 (d) of the Government Code, San Mateo County Community College District is hereby authorized and directed to deduct from each regular salary warrant due for services as a academic employee, the sum necessary to pay union dues as checked. The amount so deducted shall be transmitted to the organization and upon remitting the deduction the District shall have fulfilled its entire obligation and will be held harmless in the event of defalcation on the part of the organization or any of its employees.										
THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL CANCELLED OR REVISED BY ME IN WRITING.										
The current AFT dues deduction rates (effective as of the Spring 2006 semester) are as follows:										
Contract S	atus: 1	.2% of each paychec	k's gross	earnings (fall, spri	ng and summer)					
Adjunct Fa	culty: 1	.2% of each paychec	k's gross	earnings (fall, spri	ng and summer)					
Signature)									
Date										

Government Code, Section 3543.1(d): All employee organizations shall have the right to have membership dues deducted pursuant to Sections 87833 and 88167 of the Education Code, until such time as an employee organization is recognized as the exclusive representative for any of the employees in an appropriate unit, and then such deduction as to any employee in the negotiation unit shall not be permissible except to the exclusive representative.