

**WORKING ASSESSMENT AUTHORIZATION**

**TO MY EMPLOYER:**

You are hereby authorized to deduct from my pay for each week the regular hourly working assessment in the amount and on the terms established from time to time by the North Central States Regional Council of Carpenters (“the Union”). Such deductions are to be made from my earned pay on each regularly scheduled pay day and shall be remitted to the CENTRAL DEPOSITORY, P.O. BOX 282, EAU CLAIRE, WI 54702, or to such depository as the Union designates, no later than the 15<sup>th</sup> day of each month following the month for which the deduction is being made. MAKE CHECK PAYABLE TO NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS.

This authorization and assignment shall become effective with the date of execution of the agreement between the said Union and yourself, and shall continue in full force and effect for a period not to exceed one (1) year or the life of the agreement, whichever occurs sooner, and for any subsequent similar period thereafter unless revoked by me within 10 days immediately preceding such contract term or one (1) period, whichever occurs sooner. The said revocation must be in writing and bear the date thereof and my signature.

Recognizing that my employment as a journeyman carpenter may cause me to be employed by several different employers under contract with the local union, this authorization will extend to my current employer as well as to any other employer for whom I may perform work under the terms and provisions of the collective bargaining agreement in force and effect as of the time of my employment.

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Print Name	Social Security No.	Phone No.	
Address	City	State	Zip Code
Date	Signature of Employee	Local No.	
Contractor	Classification	Rate of Pay	