

**AGENCY SHOP FEE AGREEMENT**

THIS FORM MUST BE COMPLETED BY ALL EMPLOYEES EXCEPT THOSE IN THE MANAGERIAL PAY PLAN, ORIGINAL JURISDICTION TITLES, AND THOSE EMPLOYEES SPECIFICALLY EXCLUDED FROM COLLECTIVE BARGAINING BY DECISIONS OF THE OFFICE OF COLLECTIVE BARGAINING.

**NOTICE TO EMPLOYEE**

UNDER AN ACT RECENTLY PASSED BY THE NEW YORK STATE LEGISLATURE AND BY AGREEMENT BETWEEN THE CITY AND MUNICIPAL EMPLOYEE UNION, EMPLOYEES IN TITLES WHICH ARE REPRESENTED IN THE COLLECTIVE BARGAINING BUT WHO ARE NOT UNION MEMBERS ARE SUBJECT TO A DEDUCTION FROM THEIR SALARY IN AN AMOUNT EQUAL TO THE DUES PAYABLE BY A UNION MEMBER.

**STATEMENT**

I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO JOIN OR REFRAIN FROM JOINING THE UNION CERTIFIED FOR MY TITLE. I UNDERSTAND THAT IF I REFRAIN FROM JOINING I WILL BE SUBJECT TO AN AGENCY SHOP FEE DEDUCTION WHICH SHALL BE AN AMOUNT EQUIVALENT TO THE AMOUNT OF DUES PAYABLE BY A UNION MEMBER.

**X**

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\* To be filled out by agency - detach and forward to the appropriate union or if not to OPA\*\*\*\*

**Notice to Union**

Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Check Digit: \_\_\_\_\_

Title: \_\_\_\_\_

Job Sequence Number (JSN) \_\_\_\_\_ Check one: Assigned  Automatically

Payroll No. \_\_\_\_\_ Title Code \_\_\_\_\_  Manually  
(List plan assigned)

Agency Address \_\_\_\_\_ Agency Clerk \_\_\_\_\_

Phone No. \_\_\_\_\_

Name of Union \_\_\_\_\_

To the Union: if the deduction plan was assigned incorrectly, submit correction to the Organizational Dues Unit, Office of Payroll Administration.