

**Professional Employees Association, Inc.  
City of Saint Paul and I.S.D. #625**

**Authorization  
for Payroll Deduction for Dues**

PRINT  
OR TYPE

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Department/Division

\_\_\_\_\_  
Title

I hereby request and authorize my timekeeper to deduct from my earnings each month \$ \_\_\_\_\_ to provide for the regular/fair share (circle one) payment of dues established by P.E.A., Inc. This amount is certified by P.E.A. and any changes in such amount shall also be so certified. The amount deducted shall be paid to the treasurer of P.E.A., Inc.

I also hereby designate P.E.A., Inc. as my duly chosen and authorized representative on matters relating to my employment in order to promote and protect my economic welfare and conditions of employment.

**X** \_\_\_\_\_

(Employee's Signature)



Dues are \$32.00/month, or \$16.00 for half time (or less) employees. Fair share dues are 85%.

If you are employed by the City of Saint Paul or ISD #625 in a job title that is represented by PEA, please complete this Authorization for Payroll Deduction for Dues and send to:

Page DeLong, Public Health Laboratory, 555 Cedar Street, Saint Paul, MN 55101