

**Payroll Deduction Authorization**

**AUTHORIZATION FOR DEDUCTION OF UNION DUES AND FEES, AND UNION INSURANCE PREMIUMS**

**TO: AMENTUM, Employer**

I hereby assign to the Professional Helicopter Pilots Association, Office and Professional Employees International Union, Local 102 ("PHPA"), from any salary or wages earned or to be earned by me as your employee such sums as PHPA certifies as either membership dues, initiation fees, reinstatement fees, assessments or agency fees. I authorize and direct you to deduct such amounts from my pay and to remit same to PHPA in accordance with the collective bargaining agreement in between PHPA and AMENTUM.

This assignment, authorization, and direction shall be irrevocable for the period of one (1) year from the date of my signature below, or until the termination of the collective agreement between the Company and the Union which is in force at the time of the execution of this authorization, whichever occurs sooner; and I agree and direct that this assignment, authorization and direction shall be automatically renewed, and shall be irrevocable for successive periods of one (1) year or for the period of each succeeding applicable collective agreement between the Company and the Union, whichever shall be shorter, unless written notice is given by me to the Company and the Union, by certified U.S. mail, not more than twenty (20) days and not less then ten (10) days prior to either the expiration of each period of one (1) year, or the termination of the applicable collective agreement between the Company and the Union, whichever occurs sooner.

This authorization for check-off of dues, fees, and assessments is made voluntarily and pursuant to the provisions of Section 302(c) of the Labor Management Relations Act of 1947, and is neither conditioned on my present or future membership in the Union, nor is it considered to be given in return for membership.

**Membership Dues or Agency Fee** *(do not fill in areas shaded in grey)*

I verify that I am at pay level [shaded] and authorize my employer to deduct \$ [shaded] (0.9% of my base salary) from my pay each month (\$ [shaded] per pay period) and to remit the same to the Professional Helicopter Pilots Association. I further authorize my employer to deduct the applicable amount when I proceed to the next pay level. Please submit first month's dues/agency fee of \$ [shaded] and initiation fee of \$10.00 with this authorization.

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Employee)*

\_\_\_\_\_  
*(Home Address)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(City)(State)(Zip)*