## Appendix M PSCFA Membership Form United Faculty of Florida Representation Policy

At its September 2008 Senate meeting, the statewide United Faculty of Florida (UFF) revised its grievance representation policy in response to liability and legal concerns. *Effective immediately, UFF will not provide grievance representation to faculty who were not dues-paying UFF members at the time when the grievable incident occurred.* 

All faculty have the right to file an individual grievance, but those who were not UFF members when the incident occurred must represent themselves or retain an attorney. UFF retains the sole and exclusive right to invoke arbitration; non-members will not automatically have the right to pursue a remedy beyond the grievance process. If UFF agrees to allow a non-member to proceed to arbitration, the non-member will be responsible for the cost of the arbitration – \$2000 to \$4000 – and must provide his or her own attorney, the cost of which can exceed \$20,000. If a non-member informs the chapter of an incident, UFF may file a grievance on behalf of the chapter if it is believed to have chapter-wide impact on the enforcement of the collective bargaining agreement; however, that is at the discretion of the chapter.

Please be aware that you are NOT automatically a member of UFF. You must complete and sign a membership form and submit it to UFF in order to become a member. In addition to guaranteeing yourself free representation in any grievance and arbitration proceedings that you may need to initiate in the future, by becoming a UFF member you will:

- √ Strengthen the voice of faculty in negotiations;
- Support our lobbying efforts for better higher education funding and academic excellence;
- √ Receive professional protection by way of a free \$1 million professional liability policy;
- √ Obtain the right to vote in UFF elections and thereby influence UFF bargaining priorities;
- √ Gain access to a variety of "members only" workshops, events and services, including free life insurance policies and legal representation;
- √ Receive free professional publications and literature about national higher education issues.

Membership Commitment – In signing this, I want to join my colleagues by becoming a member of the United Faculty of Florida, EA, AFT, FEA, AFL-CIO, and my local UFF chapter. I hereby request and voluntarily accept membership in the United Faculty of Florida, NEA, AFT, FEA, AFL-CIO, and my local UFF chapter, and agree to abide by the Constitution and Bylaws of all organizations.

Annual Payment Authorization – In signing this, I authorize Pensacola State College to deduct from my pay in each pay period a pro-rata portion of the annual dues. Annual dues are one percent of my regular salary and include all fees and assessments required for membership in the United Faculty of Florida, NEA, AFT, FEA, AFL-CIO, and my local UFF chapter. This authorization continues annually regardless of my membership status, unless (a) I revoke this authorization upon 30 days' notice in writing sent via email, fax or US mail to the employer and employee organization according to Florida Statue 447.303, or (b) my employment with Pensacola State College ends. Furthermore, I acknowledge that any dues refunds will be paid only for the current UFF fiscal year in which an error was made by the payroll department of Pensacola State College. The UFF fiscal year begins September 1 and ends August 31. UFF members are encouraged to check your payroll deductions monthly for accuracy.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT, AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

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## UFF Membership Form

UFF dues are 1% of bi-weekly salary.

Please Print Complete Information	United Faculty of Florida PSCFA Chapter		
Last Name First Name MI	Department or Unit		
Home Street Address	Campus Address & Mail	Campus Address & Mail Code	
City State Zip Code	Office Phone Hom	e Phone	
E-mail address Personal/Home	E-mail address Office	E-mail address Office	
Signature (for payroll deduction authorization)	 Today's Date		

Please return this form to Thomas Jonte by email at tjonte@pensacolastate.edu or via interoffice (Building 20, Room 2044). 850-484-2085