



## COUNTY OF DANE

DEPARTMENT OF ADMINISTRATION  
Room 425 City-County Building  
210 Martin Luther King Jr. Blvd.  
Madison, WI 53703-3342

Phone: (608) 266-4941  
Fax: (608) 266-4425 TTY WI Relay 711

### Dane County Employee Group Opt-Out Form

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

I understand that by signing this form I do not authorize any deductions from my earnings for the payment of fees to my Employee Group Representative.

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

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***For Payroll Use Only***

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_