

Dane County
Employee Group's Representative

Declaration to Opt-Out of Employee Group's Representation

Name (Last) _____ (MI) _____ (First) _____
Department _____ Worksite _____ Job title _____
Street Address _____
City _____ State _____ Zip _____
Phone (work) _____ (cell) _____
Email (work) _____ (home) _____

I understand that by signing this form I do not authorize any deduction from my earning for the regular payment of fees to my Employee Group's Representative. I also understand that the Employee Group's Representative will have no obligation to represent or to assist me and that I will not have access to the following member rights and benefits:

- consultation, counseling or advocacy from the EGR's leaders, staff, and attorneys regarding policies, rights or benefits contained in the Employee Benefit Handbook, ordinances, state law and federal law;
- consultation, counseling or advocacy from the EGR's leaders, staff, and attorneys regarding any accusations or issues that may result in my discipline;
- access to the EGR's membership meetings, leadership positions or member-only benefits including scholarships, discounts and trainings.

Signature _____ Date _____

Employee Group Representative Use Only

Date received _____ Processed by _____

Payroll Use Only

Date received _____ Date implemented _____

NOTE: If you're completing this form electronically, please download and fill it out in Adobe Reader. You can also print the form and fill out by hand.

**Please return your completed form by email to: danecountyafscme@gmail.com
If you're completing the form from your county computer, you can click the
"Submit Completed Form" button at right.**