

**LOCAL NUMBER 0000  
Authorization for Representation**

I desire to be represented and hereby authorize the Laborers' International Union of North America, and its affiliated Southwest Laborers' district Council and Local Union 0000 thereof to be my collective bargaining agent in matter of rates of pay, wages, fringe benefits, hours of employment and all other conditions of employment. This authorization shall apply to the Employer for whom I am employed or referred to on this date and to all other Employers for whom I may become employed after this date. This authorization is signed by me for the purpose of securing for the Union voluntary recognition and negotiation rights with my employer and with any future employer. It may be revoked only by me, through written notice to the Union.

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

**Referral**

Employee Information

Member JOHN A. SAMPLEMON Address 12345 INCOM ST  
Social Security Number 111-11-0032 City SOMEPLACEVILLE State AA Zip 98765-4321  
Phone Number (987)555-1234

**The above listed individual has been dispatched by above listed Union and is to report to the employer as stated below.**

Employer / Project Information

Employer MAJOR CONTRACTOR, INC. Employer Representative \_\_\_\_\_  
Job Location Main Street Job Site Number 18  
Start Date 12/01/2006 Start Time 06:30 AM Report To Sam Garbo  
*Union representative authorizing dispatch* CAS

**Payroll Check-Off Authorization**

I hereby authorize and direct each employer signatory to an agreement with the Laborers' International Union of North America or any of its affiliates for whom I work to deduct from my paycheck ( \_\_\_\_\_ ) for each hour worked every pay period and to remit such amount to the Laborers' Political League ("LPL") at such time as other remittances are made to the Union.

This authorization is voluntarily made. I understand that the signing of this Authorization and the making of payments to the LPL are not conditions of membership in the Union or of employment with any employer, that I have a right to refuse to sign this authorization and to contribute to LPL without reprisal and that LPL will use the money it receives to make political expenditures and contributions in connection with federal, state and local elections. I also understand that this amount is merely a suggested guideline, that I am free to contribute more or less than this amount by any lawful means other than this check-off and that the Union cannot favor or disadvantage me because of the amount of my contributions or my decision not to contribute. This authorization shall remain in effect until revoked by me in writing. Contributions to the Laborers' Political League are not deductible as charitable contributions for federal income tax purposes.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Social Security 111-11-0032

**Dues Checkoff Authorization and Assignment Local Union 0000  
Affiliated with the Laborers' International Union of North America, AFL-CIO**

I, JOHN A. SAMPLEMON, do hereby assign to Local Union Laborers' International Union of North America, AFL-CIO, such amounts from my wages as shall be required to pay an amount equivalent to the initiation fees, readmission fees and membership dues of the local union as may be established for its members from time to time. My Employer, including my present Employer and any future Employer, is hereby authorized to deduct amounts from my wages and pay the same to the local union and/or its authorized representative, in accordance with the collective bargaining agreement in existence between the Union and my Employer.

This authorization shall become operative upon the effective date of each collective bargaining agreement entered into between my Employer and the Union.

This authorization shall be irrevocable for a period of one (1) year, or until termination of the collective bargaining agreement in existence between my Employer and the Union, whichever occurs sooner; and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever shall be shorter, unless written notice is given by me to my Employer and the local union not more than 20 days and not less than 10 days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between my Employer and the Union, whichever occurs sooner. For the effective period of this checkoff authorization and assignment, and to the extent permitted by law, I hereby waive any right I may have to resign my Union membership. Furthermore, this checkoff authorization shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union.

Union dues and fees are not deductible as charitable contributions for federal income tax purposes. Local dues may qualify as business expenses, however, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security 111-11-0032  
Name JOHN A. SAMPLEMON Address SOMEPLACEVILLE, AA 98765-4321

Wage/hour \_\_\_\_\_ \$21.00 Training \_\_\_\_\_ Assessment \_\_\_\_\_ Other \_\_\_\_\_  
H & W \_\_\_\_\_ LECET \_\_\_\_\_ Other \_\_\_\_\_  
Pension \_\_\_\_\_ LPL \_\_\_\_\_ Other \_\_\_\_\_