



Regional Employees Association of Professionals

REAP REGISTRATION FORM

Please check your Bargaining Unit:

Supervisory Professional Para-Professional RN Parks & Open Space Waste Management

First Name		County ID#	
Last Name		Job Title	
Home address		Personal phone	
City, State, Zip		Personal Email	

Comment: _____

Signature: _____ Date: _____

STATEMENT OF DESIGNATION

I, the undersigned, designate the Regional Employees Association of Professionals (REAP) to represent me as prescribed by the Employee Relations Resolution No. 2014-156.

Signature: _____ Employee ID#: _____ Date: _____

DUES DEDUCTION AUTHORIZATION

Employee Relations Resolution No. 2014-156, Section 17 (a): DUES DEDUCTION FOR EMPLOYEE GROUPS

“A registered employee organization having and providing represented members equal to 15% of a unit may have the regular dues of its members in the unit deducted from the employee’s paychecks. Membership dues deductions shall be made only upon the written authorization of the individual employee. Dues and other deductions previously authorized for an employee organization may continue to be deducted for 6 months without proof of percentage upon becoming registered in a unit. Nothing herein shall affect previously authorized dues or other deductions for organizations that are not employee organizations as defined in the Employee Relations Resolution No. 99-379, or for members of employee organizations that are not represented members. “

Employee Relations Resolution No. 2014-156, Section 17 (d): DUES DEDUCTION FOR EMPLOYEE GROUPS

“Nothing herein shall be construed as restricting the right of an employee to revoke his/her authorization for dues.”

I, the undersigned, authorize the Human Resource Director to deduct \$10.00 a pay period twice a month and direct those funds to the Regional Employees Association of Professionals twice monthly.

Signature: _____ Employee ID#: _____ Date: _____