Transport Workers Union of America, AFL-CIO
DUES EXONERATION REQUEST

Fill out both pages (above the signature line for your signature) and then sign and submit them to your local, which will complete the form and rule on your request.

Date ____________________
Name _______________________________________________________
Address ________________________________________________________
Phone __________________________________________________________

I hereby request exoneration from dues amounting to $ _________ for the month(s) of ___________________________

Reason: _________________________________________________________________________________________

Dates of absence: from __________________________ to (or expected return date)  ___________________________

Provide any further information regarding reason for exoneration request:
_________________________________________________________________________________________________

Amount of compensation paid or expected in wages and/or compensatory benefits for each month (for which exoneration requested):
_________________________________________________________________________________________________

Amount of regular monthly income from employment: ______________________________________________________

Signature of member __________________________________  Title/Occupation ________________________________

I have investigated the underlying reasons for the requested exoneration. I recommend that this request be

☑ Granted (in accordance with Article XVII of the TWU Constitution).

☐ Granted with the following amendments (in accordance with Article XVII of the TWU Constitution):

______________________________________________________________________________________________

☐ Denied

By ____________________________________________________________
Local Secretary-Treasurer

This is a 2-page form

opeiu-153
Transport Workers Union of America, AFL-CIO

DUES EXONERATION REQUEST

Fill out both pages (above the signature line for your signature) and then sign and submit them to your local, which will complete the form and rule on your request.

Date __________________ Local No. ____________
Name ___________________________________________ Section No. ____________
Address ___________________________________________ Card No. ____________
Phone _____________________________________________

I hereby request exoneration from dues amounting to $ _______ for the month(s) of ___________________________

Reason: _________________________________________________________________________________________

(Illness, injured, or furloughed during the months for which exoneration requested)

Dates of absence: from __________________________ to (or expected return date) ___________________________

Provide any further information regarding reason for exoneration request:
_________________________________________________________________________________________________

Amount of compensation paid or expected in wages and/or compensatory benefits for each month (for which exoneration requested):
_________________________________________________________________________________________________

Amount of regular monthly income from employment: ______________________________________________________

Signature of member __________________________________ Title/Occupation ________________________________

I have investigated the underlying reasons for the requested exoneration. I recommend that this request be

☐ Granted (in accordance with Article XVII of the TWU Constitution).

☐ Granted with the following amendments (in accordance with Article XVII of the TWU Constitution):
                                                                                                              

☐ Denied

By __________________ Local Secretary-Treasurer

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