

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

**INTERNATIONAL COPY
This is a 2-page form**

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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