

UNITED NATIONS STAFF UNION
SYNDICAT DU PERSONNEL DE L'ORGANISATION DES NATIONS UNIES

Tel: 1 (212) 963-7075

Fax: 1 (212) 963-3367



To: United Nations Staff Union
A: Room L-0300

Date:
Reference:

THROUGH:
S/C DE:

FROM: NAME (print) _____ Signature: _____
INDEX No. _____ DEPT./OFFICE/UNIT: _____
PAY GRADE/STEP _____ ROOM NO. _____ EXTENSION _____

SUBJECT: Contribution to the United Nations Staff Union:

1. I hereby authorize the United Nations Payroll Section to make the following deduction from my salary as my contribution to the United Nations Staff Union:

- A monthly contribution that amounts to one four-hundredth of my net salary as recommended by the Staff Council
- A monthly contribution of US\$ _____
(See back page for table of suggested contribution)
- A lump-sum contribution of US\$ _____
(for one year dues)
- Retroactive dues of US\$ _____
(If check attached, please indicate check number _____)

2. I understand that this authorization remains valid until cancelled in writing (request discontinuation form from Staff Union)

3. Check box if you wish to Modify dues New contribution in US \$ _____

(Do not write below this line)

For UN Staff Union and Payroll Use only

<input type="checkbox"/> NEW MEMBER	<input type="checkbox"/> MODIFY	
Amount \$ _____	Date Effective _____	Authorization _____
Notes _____	UN Payroll _____	Date _____

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Suggested contribution (in US dollars)

Grade	1	2	3	4	5	6	7	8
Director	18.00	20.00						
Professional	8.00	10.00	12.00	14.00	16.00			
General Service	5.00	6.00	7.00	8.00	9.00	10.00	11.00	
Language Teacher	11.00							
Public Information	6.00	7.00	8.00					
Security	7.00	8.00	9.00	10.00	11.00	12.00	13.00	
Trade & Crafts	7.00	8.00	8.00	9.00	10.00	10.00	11.00	12.00

Minimum Monthly Contribution – \$5.00

After completing this form, please return it to the United Nations Staff Union office, L-0300