

United Faculty of Florida

Resignation from UFF

I wish to resign my membership in the United Faculty of Florida.

I understand that this resignation will become effective thirty days from the date the payroll office receives a completed form.

I acknowledge that by resigning my membership in UFF, I will not be eligible for UFF representation in any disciplinary action, criminal matter related to employment, or grievance.

Date

Printed Name

College/University

XXX-XX-_____
Social Security Number

Home Phone

Work Phone

Signature

UFF Representative

Date

UFF Fax 850-222-1767

PLEASE NOTE: Under *Florida Statute 447*, anyone who desires to resign their union membership and stop dues deduction is responsible for providing written notice to the employer payroll department and UFF. It is recommended that you obtain the UFF Chapter representative's signature as evidence that you have provided written notice to UFF to ensure that the payroll department processes this request.