



REQUEST FOR TEMPORARY REDUCTION IN ACE DUES

DATE: _____ EMPLOYEE NAME: _____

CWID: _____ CAMPUS: _____ DIV/DEPT: _____

“Whenever there is an unexpected financial burden the member may petition the ACE Board to reduce or waive their dues up to 90 days. The ACE Executive Board, on a case-by-case basis, will consider such a request for a reduction and/or waiver of dues during a period of financial hardship. Financial hardship will be evaluated individually and must include a sudden drop in family income or a significant unexpected financial burden.”

I, _____, officially request a reduction in my ACE dues from _____ to _____ due to an unforeseen financial burden (please give a short description of reason for request below).

I have read the full policy (attached) and understand that this request is effective up to 90 days and I will return paying full dues after the approved period of time.

Signature: _____ Date: _____

_____ Approved	_____ Denied	Effective Dates: _____
Justification: _____ _____		
President: _____	To District Payroll: _____	
V.P: _____	_____	
Labor Rep: _____	_____	

DRAFT