



## **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 180 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 180 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: _____	_____	