

Date: _____

To Whom It May Concern,

I, _____, of the Louisa County _____ Division wish to
Employee's name County Department
resign from being a member of the Local Union, AFSCME Local 1264, effective
immediately. Please stop my payroll deduction as of the next payroll.

Thank you,

Employee's Signature

Employee's Printed Name

Street Address

City, State Zip Code

cc: Louisa County Auditor
President of Union

Office Use Only-Louisa County Auditor's Office

Date form received _____

Received by _____

Deduction will be stopped on payroll ending _____

Entered payroll deduction change on _____