

ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS ADIT

SERVICE FEES DEDUCTION AUTHORIZATION

I hereby authorize and direct my employer, Fairview, to deduct from my salary and to pay to the Association of Diagnostic Imaging Technologists (ADIT) the service fees designated below. If I am regularly scheduled 64 to 80 hours per pay period, the service fees deduction per pay period will be \$16.00. If I am regularly scheduled less than 64 hours per pay period, the service fees deduction per pay period will be \$8.00. If I am scheduled as a Casual or Per Diem, the service fees deduction per pay period worked will be \$8.00.

I further authorize a one-time deduction as a new employee of the Hospital of \$25.00, to be paid to ADIT, as an initiation fee. I will have to pay an initiation fee if I have authorized scheduled hours or I am scheduled as a Per Diem. I will not have to pay an initiation fee, if I am scheduled as a Casual.

I agree that if I resign my membership in ADIT, but continue to work for my employer, in an ADIT bargaining unit position, the amount set forth above will be deducted from my salary and paid to ADIT for the services provided by ADIT unless applicable federal or state laws permit me to pay a lesser amount.

This Authorization shall be altered in accordance with my employment status (Full-time, Part-time, Per Diem, or Casual) when the Hospital gives ADIT written notice and the change will be effective the next pay period.

(**Print** Employee's Name)

Hospital: _____

(Employee's Signature)

Date: _____

(Employee's Street Address)

Date of Hire: _____

(Employee's City, State and Zip Code)

Classification: (Please Check One)

Diagnostic Imaging _____

Special Imaging _____

Multi-Specialty Imaging _____

(Employee's Telephone Number)

Date of Status Change: _____

Total Hours per Pay Period: _____

Send a copy of this Authorization to:

ADIT
13750 Crosstown Drive Northwest
Suite 108
Andover, MN 55304-5855
Office: 763-213-8252
Fax: 763-753-7463