

**DISTRICT COUNCIL NO. 16 DISPATCH SLIP
TRANSFER AUTHORIZATION and DUES CHECK-OFF AUTHORIZATION**

Employee: _____ S.S. No: _____

Classification: _____

Home Local No: _____ Transfer Date: _____

Transferring from Local No: _____

Jobsite Address _____

Transferring to Local No: _____

Jobsite Address _____

I acknowledge that this transfer authorization is, for my employer and my convenience, to be used in traveling from one local union jurisdiction into another local union jurisdiction throughout Southern California Pipe Trades District Council No. 16. This transfer form is in lieu of a United Association "travel card" and all requirements applicable to such a "travel card" are applicable to this transfer authorization form.

I hereby authorize and direct my employer to deduct from my weekly payroll travel card dues and remit said dues to the local union in which this form is being presented (except my home local), in such sums as authorized by the United Association Constitution provision covering "travel cards".

This assignment and authorization shall become effective as of the date it is executed and shall be irrevocable for the period of one (1) year or until the termination of the current Agreement, whichever occurs earlier, and this assignment and authorization shall be automatically renewed and shall be irrevocable for the successive applicable Agreement between my Employer and District Council No. 16, or one (1) year, whichever period shall be shorter, unless written notice is given by me to the Employer and to District Council No. 16, not less than ten (10) days nor more than fifteen (15) days immediately prior to the expiration of each period of one (1) year, or of each applicable Agreement, whichever occurs earlier.

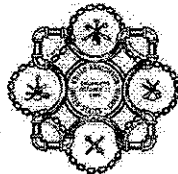
The employer hereby certifies that I have the required hours worked to be eligible for transfer, per the Master Agreement, and if he fails to advise the local union that the transferred employee has left the local union's jurisdiction, or has terminated his employ, he shall be liable to the local union in damages for an amount not to exceed the equivalent of four weeks' travel fees.

Employee Signature _____

Employer Signature _____

Copies to:

- 1. Employee
- 2. Home Local
- 3. Traveling From Local
- 4. Traveling Into Local



Company Name _____

Address _____

City _____ State _____ Zip _____

(Area Code) _____ Phone Number _____