

**From: I.S.D. #720 - Shakopee**

To: SCHOOL SERVICE EMPLOYEES LOCAL 284  
450 SOUTHVIEW BLVD.  
SOUTH ST. PAUL, MN 55075

Date: \_\_\_\_\_

**THIS IS TO INFORM YOU THAT THE FOLLOWING EMPLOYEE IS WORKING THE REQUIRED NUMBER OF HOURS PER WEEK TO BE ELIGIBLE FOR UNION REPRESENTATION:**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Hire Date: \_\_\_\_\_

# Hrs Per Week: \_\_\_\_\_

UNIT: \_\_\_\_\_

(CA) Cafeteria

Hourly Rate of Pay: \_\_\_\_\_

(CU) Custodial

Months Per Year: \_\_\_\_\_

# Deductions Per Year: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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**THIS IS TO INFORM YOU THAT THE FOLLOWING EMPLOYEE IS NO LONGER HAVING UNION DEDUCTIONS BECAUSE:**

Employee Name: \_\_\_\_\_

Resignation: \_\_\_\_\_

Retired: \_\_\_\_\_

Discharged: \_\_\_\_\_

Other: \_\_\_\_\_

Layoff: \_\_\_\_\_

Effective Date: \_\_\_\_\_