

AFSCME Minnesota Council 5

300 Hardman Avenue So ♦ South St Paul MN 55075 ♦ 651-450-4990

(Complete the form below and email by clicking *SUBMIT* at the top of the form or print and fax to 651-287-0597)

LOCAL UNION PROFILE

*** This form MUST BE completed whenever there is a monthly Officer Allowance change ***

START DATE: (List only <u>Month/Year</u>)		LOCAL #	
SUBMITTED BY: (please print)		DATE SUBMITTED:	

(President/Treasurer)

Officer Allowance is paid the first full week of the month. Please check your LUP Calendar for due dates. If this form is not received before the first payroll due date; profile changes will not be done until the next month. If the deadline is missed, you will also need to submit a Lost Time Request Form for that month's officer allowance. Do not list All Officers on this form, only those with Allowance changes.

President or Treasurer: What is the best way to contact you? Email Address _____ or

Phone # _____

ADD	DELETE	CHANGE AMOUNT	NAME	TOTAL MONTHLY ALLOWANCE* (TOTAL MONTHLY ALLOWANCE or ZERO FOR DELETED)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

***Please list the total Monthly Allowance for all positions held for each person.**

Revised 7/21/14

