

Request for Union Withdrawal

Fill out this form when your employment will be interrupted or terminated for 30 days or more, in order to receive a withdrawal card and avoid paying a costly reinstatement fee upon your return. All dues must be paid up to the end of the month in which the withdrawal card request was made. Please note that our Data Processing Dept. inputs requests on the 5th day of each month in accordance with our dues billing system. Members making requests after this date will be required to pay dues for the remainder of that month. Once your withdrawal request is accepted, your withdrawal card will be mailed within one month of your last day of work.

Northern Illinois and North-West Indiana mail to:

Local 881 UFCW, Attn: Data Processing, 10400 W. Higgins Road, Rosemont, IL 60018-3705

Central Illinois and Southern Illinois mail to:

Local 881 UFCW, Attn: Data Processing, #1 Sunset Hills Executive Drive, Suite 102, Edwardsville, IL 62025-9931.

Date _____ SSN _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Last Day Worked _____

Employed by _____ Employer's Address _____

Reason for Leaving _____
