

**Brewery Workers Local 9 UAW
Union Dues Refund Request Form
Miller/Coors ORE & Temp Employees**

Name

(Please Print)

Address

City, State, Zip

Phone _____ Cell

E-mail address

Month & Year of overpayment

Number of hours worked the calendar month of overpayment _____

Dates worked in the month of overpayment

Please enclose check stubs verifying hours worked and union dues deductions for the month the refund is requested. You can access your A.D.P. pay statements online. You may mail, fax or bring this form and check stubs to the union office:

Brewery Workers Local 9 UAW
9618 W. Greenfield Ave.
West Allis, WI 53214

Phone (414) 475-5898
Fax (414) 475-6001

You are entitled to a full refund if you did not work at all during a calendar month. You are entitled to a partial refund if you worked less than 40 hours in a calendar month. Your dues are calculated at 1.15 % of gross wages in months less than 40 hours are worked. Please feel free to contact me or Carol Meyer at our office with any questions.

Vincent Schmitt
Financial Secretary-Treasurer
Brewery Workers Local 9 UAW

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