

MONTHLY REPORT OF PER CAPITA PAYMENT

(USE A SEPARATE FORM FOR EACH MONTH)

Use this form to report Per Capita Units for members and to summarize units for private-sector agency and fair share payors.

LOCAL UNION NAME		1 LOCAL NO.	2 COUNCIL NO.	3 STATE			
NOTES: PAYROLL DEDUCTION — If Payroll Deduction is received more than once in the month, use the average number of units received, dropping any fraction from the average figure CASH DUES COLLECTED — Include the full number of monthly dues collected during the month regardless for which month they were paid.		4 REPORT FOR MONTH OF		TODAY'S DATE			
		COMPLETE THIS SECTION FOR LOCAL USE			LEAVE BLANK — FOR USE INTERNATIONAL USE ONLY		
		CODE	NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Members - Regular Full-Time Units Payroll Deduction (see note above)		110		16.05		16.05	
Cash Dues Collected (see note above)		110					
SUBTOTAL				xxx		xxx	
Members - Part time with regular work schedules of 20 or fewer but more than 12 hours per week Payroll Deduction		210		12.00		12.00	
Cash Dues Collected		210					
SUBTOTAL				xxx		xxx	
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction		310		8.05		8.05	
Cash Dues Collected		310					
SUBTOTAL				xxx		xxx	
TOTAL MEMBER DUES UNITS				xxx		xxx	
Totals from attached pages Page 2 - Private-sector agency/fair share payors paying at members dues rates - Form PCT 3				xxx		xxx	
Page 3 - Private-sector agency/fair share payors paying at less than member dues rates - Form PCT 5				xxx		xxx	
TOTAL UNITS				xxx		xxx	
Initiation and Reinstatement Fees Collected							
Over or Short from Previous Reports			xxx	xxx		xxx	xxx
Over or Short this Report			xxx	xxx	xxx	xxx	xxx
TOTAL AMOUNT OF CHECK			xxx	xxx		xxx	xxx
(Make Check Payable to: AFSCME INTERNATIONAL)							

COMMENTS: _____

COUNCIL P.C.T. PAYMENT

Number of Units _____

Council P.C.T. Rate _____

Amount _____

Total check payable to Council, mail direct _____

THE INFORMATION SHOWN IN THIS REPORT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Reporting Office _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Area Code _____ Number _____

CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS
 FORM PCT-1—12/24

MONTHLY REPORT OF PER CAPITA PAYMENT

(USE A SEPARATE FORM FOR EACH MONTH)

Use this form to report Per Capita Units for members and to summarize units for private-sector agency and fair share payors.

LOCAL UNION NAME		1 LOCAL NO.	2 COUNCIL NO.	3 STATE			
NOTES: PAYROLL DEDUCTION — If Payroll Deduction is received more than once in the month, use the average number of units received, dropping any fraction from the average figure CASH DUES COLLECTED — Include the full number of monthly dues collected during the month regardless for which month they were paid.		4 REPORT FOR MONTH OF		TODAY'S DATE			
		COMPLETE THIS SECTION FOR LOCAL USE			LEAVE BLANK — FOR USE INTERNATIONAL USE ONLY		
		CODE	NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Members - Regular Full-Time Units Payroll Deduction (see note above)		110		16.05		16.05	
Cash Dues Collected (see note above)		110					
SUBTOTAL				xxx		xxx	
Members - Part time with regular work schedules of 20 or fewer but more than 12 hours per week Payroll Deduction		210		12.00		12.00	
Cash Dues Collected		210					
SUBTOTAL				xxx		xxx	
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction		310		8.05		8.05	
Cash Dues Collected		310					
SUBTOTAL				xxx		xxx	
TOTAL MEMBER DUES UNITS				xxx		xxx	
Totals from attached pages Page 2 - Private-sector agency/fair share payors paying at members dues rates - Form PCT 3				xxx		xxx	
Page 3 - Private-sector agency/fair share payors paying at less than member dues rates - Form PCT 5				xxx		xxx	
TOTAL UNITS				xxx		xxx	
Initiation and Reinstatement Fees Collected							
Over or Short from Previous Reports		xxx		xxx		xxx	xxx
Over or Short this Report		xxx		xxx	xxx	xxx	xxx
TOTAL AMOUNT OF CHECK				xxx		xxx	xxx

(Make Check Payable to: AFSCME INTERNATIONAL)

COMMENTS: _____

COUNCIL P.C.T. PAYMENT

Number of Units _____

Council P.C.T. Rate _____

Amount _____

Total check payable to Council, mail direct _____

THE INFORMATION SHOWN IN THIS REPORT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Reporting Office _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Area Code _____ Number _____

CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS
 FORM PCT-1—12/24



MONTHLY REPORT OF PER CAPITA PAYMENT

(USE A SEPARATE FORM FOR EACH MONTH)

Use this form to report Per Capita Units for members and to summarize units for private-sector agency and fair share payors.

LOCAL UNION NAME		1 LOCAL NO.	2 COUNCIL NO.	3 STATE			
NOTES: PAYROLL DEDUCTION — If Payroll Deduction is received more than once in the month, use the average number of units received, dropping any fraction from the average figure CASH DUES COLLECTED — Include the full number of monthly dues collected during the month regardless for which month they were paid.		4 REPORT FOR MONTH OF		TODAY'S DATE			
		COMPLETE THIS SECTION FOR LOCAL USE			LEAVE BLANK — FOR USE INTERNATIONAL USE ONLY		
		CODE	NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT
Members - Regular Full-Time Units Payroll Deduction (see note above)		110	16.05		16.05		
Cash Dues Collected (see note above)		110					
SUBTOTAL			xxx		xxx		
Members - Part time with regular work schedules of 20 or fewer but more than 12 hours per week Payroll Deduction		210	12.00		12.00		
Cash Dues Collected		210					
SUBTOTAL			xxx		xxx		
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction		310	8.05		8.05		
Cash Dues Collected		310					
SUBTOTAL			xxx		xxx		
TOTAL MEMBER DUES UNITS			xxx		xxx		
Totals from attached pages Page 2 - Private-sector agency/fair share payors paying at members dues rates - Form PCT 3			xxx		xxx		
Page 3 - Private-sector agency/fair share payors paying at less than member dues rates - Form PCT 5			xxx		xxx		
TOTAL UNITS			xxx		xxx		
Initiation and Reinstatement Fees Collected							
Over or Short from Previous Reports		xxx	xxx		xxx	xxx	
Over or Short this Report		xxx	xxx	xxx	xxx	xxx	
TOTAL AMOUNT OF CHECK		xxx	xxx		xxx	xxx	

(Make Check Payable to: AFSCME INTERNATIONAL)

COMMENTS: _____

COUNCIL P.C.T. PAYMENT

Number of Units _____

Council P.C.T. Rate _____

Amount _____

Total check payable to Council, mail direct _____

THE INFORMATION SHOWN IN THIS REPORT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Reporting Office _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Area Code _____ Number _____

CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS
 FORM PCT-1—12/24