

CHARTERED MAY 1, 1937

AFFILIATED WITH ALL NATIONAL,
STATE, AND LOCAL LABOR BODIES

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THEATRICAL EMPLOYEES UNION OF SAN FRANCISCO, LOCAL B18 Wage Assessment Form

In addition to the payment of annual dues, members pay a 1% ASSESSMENT of gross wages earned at all venues within the jurisdiction of Local B18. This assessment is applied to earnings of up to \$20,000.

Please complete this form and submit with your application and payment.

There are two ways of making this payment. If you have a large number of employers, you may choose to do a combination.

1. **Assessment Check-Off Authorization:** Have your employer deduct the amount from your paycheck. For this option, please complete the attached form (one per employer), and submit directly to each employer.
NOTE: ATG employees must upload their form to their ADP account.
NOTE: SF Ballet and SF Opera are separate employers.

➔ **Check here if you are choosing this option 1:**

Enter the name(s) of each of your employers to whom you are submitting the Check Off Authorization:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

2. **Assessment Self-Payment:** You will calculate 1% of your gross wages earned at each of your employers and send a check payable to IATSE Local B18 according to the following scheduling:

- for earnings within Quarter 1 (Jan-Feb-Mar) - by May 1
- for earnings within Quarter 2 (Apr-May-Jun) - by August 1
- for earnings within Quarter 3 (Jul-Aug-Sep) - by November 1
- for earnings within Quarter 4 (Oct-Nov-Dec) - by February 1 of the following year

NOTE: San Francisco War Memorial & Performing Arts Center do not currently collect wage assessments for events that it books at the Opera House or the War Memorial Building.

➔ **Check here if you are choosing this option 2:**

Enter the name(s) of each of your employers for whom you will be paying your 1%:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I hereby acknowledge and understand that in order to maintain good standing with the Union, I am responsible for ensuring that my Wage Assessment is paid to Local B18 in a timely manner. I also understand that, if I am not earning wages, I will not owe the 1% wage assessment. **But**, until I officially leave the Union, I am required to pay my annual dues to remain in good standing.

Name: _____ Signature: _____ Date: _____



**THEATRICAL EMPLOYEES B18, IATSE
ASSESSMENT CHECK OFF AUTHORIZATION FORM**

Please Print Name _____
Last First Middle Initial

TO: _____
(Enter Name of Employer)

Effective immediately, the undersigned assigns to Theatrical Stage Employees Union Local B18, I.A.T.S.E., an assessment of one percent (1%) and capped annually at two hundred dollars (\$200) of all wages earned and to be earned by the undersigned as an employee, and authorizes and directs his/her employer to deduct such one percent (1%) and capped annually at two hundred dollars (\$200) from the undersigned's wages and to remit the same monthly to said union.

This assignment shall be irrevocable for the period of either one (1) year or until termination of the applicable collective bargaining agreements, whichever is sooner, and shall automatically be renewed, with the same irrevocability, for successive like periods unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to the expiration of such period.

In signing this Check Off Authorization, I do so voluntarily, knowing that it is not a condition of employment, and intending that the amounts deducted and remitted to Local B18 I.A.T.S.E. to help defray the cost of operating said Union.

Signature: _____

Date: _____
(MM/DD/YYYY)

Address: _____

Social Security #: _____

Date of Birth: _____
(MM/DD/YYYY)