

# 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		
		NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT	AMOUNT	
Members - Regular Full-Time Units Payroll Deduction (see note above)	110		16.50			16.50		
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		12.35			12.35		
Cash Dues Collected	210							
	SUBTOTAL		xxx			xxx		
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction	310		8.25			8.25		
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 \_\_\_\_\_

☐ CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS  
FORM PCT-1—12/25

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 \_\_\_\_\_

# 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		
		NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT	AMOUNT	
Members - Regular Full-Time Units Payroll Deduction (see note above)	110		16.50			16.50		
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		12.35			12.35		
Cash Dues Collected	210							
	SUBTOTAL		xxx			xxx		
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction	310		8.25			8.25		
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 \_\_\_\_\_

☐ CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS  
FORM PCT-1—12/25

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 \_\_\_\_\_

2026

# 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		
		NUMBER OF UNITS	RATE PER UNIT	AMOUNT	NUMBER OF UNITS	RATE PER UNIT	AMOUNT	
Members - Regular Full-Time Units Payroll Deduction (see note above)	110		16.50			16.50		
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		12.35			12.35		
Cash Dues Collected	210							
	SUBTOTAL		xxx			xxx		
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction	310		8.25			8.25		
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 \_\_\_\_\_

☐ CHECK THIS BOX FOR ADDITIONAL P.C.T. FORMS  
FORM PCT-1—12/25

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 \_\_\_\_\_