

# 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             |   |                    |                     |
|  |  | 4 REPORT FOR MONTH OF                  |                    | TODAY'S DATE        |   |                    |                     |
| NOTES:<br>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<br>CASH DUES COLLECTED — Include the full number of monthly dues collected during the month regardless for which month they were paid. |  | COMPLETE THIS SECTION<br>FOR LOCAL USE |                    |                     | LEAVE BLANK — FOR USE<br>INTERNATIONAL USE ONLY |                    |                     |
|  |  | CODE                                   | NUMBER OF<br>UNITS | RATE<br>PER<br>UNIT | AMOUNT  | NUMBER<br>OF UNITS | RATE<br>PER<br>UNIT |
| Members - Regular Full-Time Units<br>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<br>of 20 or fewer but more than 12 hours per week<br>Payroll Deduction   |  | 210                                    |                    | 12.35               |   | 12.35              |                     |
| Cash Dues Collected  |  | 210                                    |                    |                     |   |                    |                     |
|  |  | SUBTOTAL                               |                    | xxx                 |   | xxx                |                     |
| Members - Part time with regular work schedules<br>of 12 or fewer hours per week<br>Payroll Deduction  |  | 310                                    |                    | 8.25                |   | 8.25               |                     |
| Cash Dues Collected  |  | 310                                    |                    |                     |   |                    |                     |
|  |  | SUBTOTAL                               |                    | xxx                 |   | xxx                |                     |
| TOTAL MEMBER DUES UNITS  |  |  |                    | xxx                 |   | xxx                |                     |
| Totals from attached pages<br>Page 2 - Private-sector agency/fair share payors paying at<br>members dues rates - Form PCT 3  |  |  |                    | xxx                 |   | xxx                |                     |
| Page 3 - Private-sector agency/fair share payors paying at less<br>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                |                     |
| (Make Check Payable to: AFSCME INTERNATIONAL)  |  |  |                    |                     |   |                    |                     |

COMMENTS: \_\_\_\_\_

## COUNCIL P.C.T. PAYMENT

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

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

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)

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|  |  | SUBTOTAL                               |                    | xxx                 |   | xxx                |                     |
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| Cash Dues Collected  |  | 210                                    |                    |                     |   |                    |                     |
|  |  | SUBTOTAL                               |                    | xxx                 |   | xxx                |                     |
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| TOTAL MEMBER DUES UNITS  |  |  |                    | xxx                 |   | xxx                |                     |
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| 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 \_\_\_\_\_

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FORM PCT-1—12/25

Daytime Telephone \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

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|  |  | SUBTOTAL                               |                    | xxx                 |   | xxx                |                     |
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| 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                |                     |
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COMMENTS: \_\_\_\_\_

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Number of Units \_\_\_\_\_

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