

2023

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		14.90			14.90	
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		11.10			11.10	
Cash Dues Collected	210						
	SUBTOTAL		xxx			xxx	
Members - Part time with regular work schedules of 12 or fewer hours per week Payroll Deduction	310		7.45			7.45	
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—12/22

2023

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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: _____

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Number of Units	_____	_____	_____
Council P.C.T. Rate	_____	_____	_____
Amount	_____	_____	_____
Total check payable to Council, mail direct			_____

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