

AUTHORIZATION TO WITHHOLD UNION DUES

Social Security Number

Last Name

First Name

M.I.

Home Telephone

Department

Home E-Mail

Home Street Address

City

State

Zip

Employee Category - please check off one

Faculty

Professional Staff

Librarian

Adjunct Faculty

I hereby authorize the State of New Jersey (Rowan University) to make bi-weekly deductions from my wages, AFT union dues, in such amounts as are uniformly required by the Union of all its members, and to remit all such dues deducted to the appropriate Local of the American Federation of Teachers in accordance with the provisions of the current Agreement between the State of New Jersey, and the Council of New Jersey State College Locals. I understand that this authorization shall remain in effect unless cancelled by me in writing and that such cancellation shall become effective on the first pay period following July 1, in accordance with my current negotiated contract. (Union dues may not be deductible for Federal Income Tax Purposes; however under limited circumstances dues qualify as a business expense.)

Employee Signature: _____

Date: