

NJIT PROFESSIONAL STAFF ASSOCIATION

A CHAPTER OF THE AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

Dues Deduction Authorization

Name (print): _____
Last First Middle

Preferred Mailing Address: _____

Department: _____

Rank/Title _____

I hereby designate the NJIT-Professional Staff Association/American Association of University Professors as my exclusive agent and representative in accordance with the Chapter 303, public laws 1968 of the State of New Jersey. Please consider this your authority to deduct from each of my paychecks one-half of the monthly Association dues in accordance with the dues schedule approved by the majority of the membership of the Association. This authorization shall remain in effect from year to year or by termination of my employment. A member may terminate his or her authorization by providing written notice to NJIT during the ten (10) day period following each anniversary date of their employment. A member's revocation of authorization for payroll deductions shall be effective on the 30th day after their anniversary date of employment.

Signed _____ Date _____

***** Completed forms may be returned through inter-office mail to the PSA/AAUP c/o CEE
or electronically with a signature to psa@njit.edu *****