## NJIT PROFESSIONAL STAFF ASSOCIATION A CHAPTER OF THE AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS **Dues Deduction Authorization** Name (print): 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 onehalf 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 30<sup>th</sup> day after their

\*\*\* Completed forms may be returned through inter-office mail to the PSA/AAUP c/o CEE or electronically with a signature to <a href="mailto:psa@njit.edu">psa@njit.edu</a> \*\*\*

Date

anniversary date of employment.

Signed