

AUTHORIZATION TO WITHHOLD UNION DUES

Last Name	First Name	M.I.	
Telephone	Department	E-Mail	
Street	City	State	Zip

I hereby authorize the State of New Jersey, at Kean University, to make AFT Union dues deductions per pay period from my wages, in such amounts as are uniformly required by the Union of all its members, and to remit all such dues deducted to the KUAFF, AFT Local 6024 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 Category:	Employer:
Adjunct Faculty	Kean University
Employee Signature (type or write your name below):	Date

Print, or Save and Print, then return the signed form to KUAFF via USPS, email, or hand deliver to:

Kean University Adjunct Faculty Federation (KUAFF)

AFT Local 6024

1000 Morris Avenue, (T-214)

Union, NJ 07083

Email: kuaffoffice@gmail.com