

EMPLOYEE ORGANIZATION DEDUCTION

NJ DEPT OF THE TREASURY-DATA PROCESSING-PAYROLL

		Last	First	MI
Payroll Number	Social Security Number	Print Employee Name		

AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION

I HEREBY AUTHORIZE THE STATE OF NEW JERSEY TO MAKE BI-WEEKLY DEDUCTIONS FROM MY SALARY IN THE AMOUNT OF .85% (OR FOR SUCH OTHER AMOUNTS AS MAY BE AUTHORIZED BY AMENDMENT TO THE DUES SCHEDULE OF THE ORGANIZATION) FOR DUES PAYABLE TO THE TREASURER OF THE EMPLOYEE ORGANIZATION DESIGNATED BELOW. I UNDERSTAND THAT THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNLESS CANCELLED BY ME IN WRITING AND THAT SUCH CANCELLATION SHALL BECOME EFFECTIVE EITHER ON THE FIRST PAY DAY FOLLOWING JANUARY 1 OR JULY 1, IN ACCORDANCE WITH MY CURRENT NEGOTIATED CONTRACT.

Employee Organization	NAME (INCL. CHAPTER AND/OR LOCAL) AND MAILING ADDRESS AS IT APPEARS ON THE DIV. OF BUDGET AND ACCOUNTING APPROVED LIST. IBEW LOCAL 30 212 West State Street Trenton, NJ 08608
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For Payroll Clerk Use Only		Job Classification Title
Code _____	Bi-Weekly Amount _____	Employee Signature Date
		Payroll Clerk Signature Date

SUBMIT THIS COMPLETED FORM TO YOUR DEPARTMENT'S PAYROLL CLERK FOR PROCESSING