

PSAC Social Justice Fund Opt In/Opt Out Form

CURRENT and NEW TO PSAC 901, UNIT 2 EMPLOYEES

Name: _____

Employee Number: _____

Department: _____

I understand that by electing to participate in the PSAC Social Justice Fund, I agree to have the amount of \$.01 cent per hour for all compensated hours deducted from my pay on a monthly basis and will be contributed to the PSAC Social Justice Fund (Article 32 of the Collective Agreement).

CHECK ONE:

☐ By my signature below, I am confirming my desire to **opt in to/commence deductions from** my wages for contribution to the PSAC Social Justice Fund.

☐ I am currently contributing to the PSAC Social Justice Fund and by my signature below, I am confirming my desire to **opt out of/discontinue deductions from** my wages for contribution to the PSAC Social Justice Fund.

I understand that an original copy of this form, signed by me, must be received by the Human Resources Payroll Department not later than 4:00 p.m. on the 15th of this month to take effect on my pay for the current month. I understand that if this form is received after 4:00 p.m. on the 15th day of the current month, then it will take effect on next month's pay.

Employee Signature

Date

Sign and date this form and deliver in person or by interoffice mail to:

**Queen's University Payroll Department:
Attention PSAC SOCIAL JUSTICE FUND**

Queen's Financial Services
355 King Street West
3rd Floor
Kingston, ON K7L 3N6
Canada

DATE RECEIVED

TIME RECEIVED

INITIALS