

USW Humanity Fund Opt Out/Opt In Form

CURRENT EMPLOYEES

Name: _____

Employee Number: _____

Department: _____

I understand that Queen’s and the United Steelworkers (“USW”) have agreed that 3 cents per hour for all compensated hours will be deducted from my pay on a monthly basis and will be contributed to the USW Humanity Fund (Article 26.02 of the collective agreement). This is a charitable organization and the amount deducted from my pay will be reported on my annual T-4 as a charitable contribution.

I also understand that the University and the Union have agreed to permit employees to opt out of this program and/or opt-in to this program after the initial decision period (120 calendar days from hire date) has expired.

CHECK ONE:

By my signature below, I am confirming my desire to **opt out of/discontinue deductions from** my wages for contribution to the USW Humanity Fund.

By my signature below, I am confirming my desire to **opt in to /commence deductions from** my wages for contribution to the USW Humanity 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 HUMANITY FUND
Queen’s Financial Services
355 King Street West,
3rd Floor
Kingston, Ontario
K7L 3N6**

DATE RECEIVED

TIME RECEIVED

INITIALS