

				LAST	FIRST	M.I.
PAYROLL NUMBER	SOCIAL SECURITY NUMBER			PRINT EMPLOYEE NAME		
AUTHORIZATION FOR EMPLOYEE ORGANIZATION DEDUCTION						
<p>I hereby authorize the State of New Jersey to make bi-weekly deductions from my salary in an amount certified to you by the Union. The amount deducted shall be paid to the Secretary-Treasurer of the Union. I understand that this authorization shall remain in effect unless cancelled by me in writing pursuant to the provisions of the negotiated contract.</p>						
EMPLOYEE ORGANIZATION	LOCAL 1038 Union Membership dues and agency fees are not deductible as charitable contributions for Federal income tax purposes. Dues and agency fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.			NAME _____		
				HOME ADDRESS _____		
			CITY/STATE _____ ZIP _____			
			PHONE _____ (HOME) _____ (WORK)			
			JOB CLASSIFICATION TITLE _____			
FOR PAYROLL CLERK USE ONLY			DEPT. & LOCATION _____			
CODE	BI-WEEKLY AMOUNT			EMPLOYEE SIGNATURE _____ DATE _____		
				PAYROLL CLERK SIGNATURE _____ DATE _____		