## USW Humanity Fund Opt Out/Discontinuance Form:

## EMPLOYEE NEW TO USW BARGAINING UNIT

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 I may opt out of/discontinue deductions from my pay for the Humanity Fund provided that I do so, in writing, within 120 calendar days of my start date at Queen's.

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.

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 15<sup>th</sup> of this month to stop the deduction from my pay for the current month. I understand that if this form is received after 4:00 p.m. on the 15<sup>th</sup> day of the current month, then the deduction from my pay will be discontinued effective on next month's pay.

Employe	e Signature
---------	-------------

Date

Sign and date this form and deliver in person or by interoffice mail to:	
Queen's University Payroll Department: Attention HUMANITY FUND OPT OUT/DISCONTINUANCE Queen's Financial Services 355 King Street West, 3rd Floor Kingston, Ontario K7L 3N6	
DATE RECEIVED	TIME RECEIVED
INITIALS	

Human Resources, January 2024