**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 Human Resources
Fleming Hall, Stewart Pollock Wing
78 Fifth Field Company Lane
Kingston, Ontario
K7L 3N6

|  |  |  |
| --- | --- | --- |
| DATE RECEIVED |  | TIME RECEIVED |
|  |  |  |
| INITIALS |  |  |