

		LAST	FIRST	M.I.
PAYROLL NUMBER	COLLEGE/UNIVERSITY	PRINT EMPLOYEE NAME		
COUNCIL COPE DEDUCTION	<b>AUTHORIZATION FOR COUNCIL COPE DEDUCTION</b>			
	I hereby authorize and direct the State of New Jersey to make biweekly deductions from my pay in the amount of \$ _____ and to remit that amount to the Council of New Jersey State College Locals COPE Fund. This Authorization is voluntarily made based on my specific understanding that:			
	<ul style="list-style-type: none"> <li>• The signing of this authorization card and the making of these contributions are not conditions of membership in the Union or of employment by my employer.</li> <li>• CNJSCL-COPE, which is connected with the NJ/AFT-COPE and the AFT/COPE and joint fund-raising efforts of the AFL-CIO, uses the money it receives for political purposes including but not limited to making contributions to and expenditures for candidates for federal, state and local offices and addressing political issues of public importance.</li> <li>• Employees have the right not to contribute without fear of any reprisal and will not be favored or disadvantaged because they have exercised that right.</li> <li>• Contributions or gifts to the CNJSCL-COPE are not deductible as charitable contributions for federal income tax purposes.</li> </ul>			
	PAYROLL CLERK SIGNATURE	DATE	EMPLOYEE ADDRESS _____	
FOR PAYROLL CLERK USE ONLY		EMPLOYEE HOME PHONE _____		
CODE _____	BIWEEKLY AMOUNT _____	EMPLOYEE CATEGORY <input type="checkbox"/> FACULTY <input type="checkbox"/> PROFESSIONAL STAFF <input type="checkbox"/> ADJUNCT FACULTY <input type="checkbox"/> LIBRARIAN <input type="checkbox"/> LECTURER		
		EMPLOYEE SIGNATURE _____		DATE _____

Return signed form to the College Council via USPS, fax or email PDF to:

**Council of NJ State College Locals AFT/AFL-CIO**  
 1435 Morris Ave., Ste. 3-A  
 Union, NJ 07083  
 Fax: 908-688-9330  
 Email: info@cnjscl.org