

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 2 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 15<sup>th</sup> 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 15<sup>th</sup> 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 Human Resources  
Fleming Hall, Stewart Pollock Wing  
78 Fifth Field Company Lane  
Kingston, Ontario  
K7L 3N6

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
TIME RECEIVED

\_\_\_\_\_  
INITIALS