

WORKING DUES, LEROF and NJSLPAC Statewide Checkoff Authorization and Assignment

Laborers' Local No. _____
Affiliated with
Laborers' International Union of North America

I hereby authorize and direct each Employer signatory to any collective bargaining agreement with the Laborers' District Councils and/or Local Unions in the State of New Jersey affiliated with the Laborers' International Union of North America (LIUNA) for whom I work to deduct from my paycheck such amounts as may be presently or in the future authorized by the Local Union, District Council or collective bargaining agreement for payment of checkoff contributions for working dues, Laborers' Eastern Region Organizing Fund (LEROF) contributions, and New Jersey State Laborers' Political Action Committee (NJSLPAC) contributions, and my Employer shall forward said checkoff contributions to the Local Union, LEROF and NJSLPAC, or their authorized representatives, as required pursuant to the collective bargaining agreement.

When I work outside the territorial jurisdiction of the said Local Union and within the territorial jurisdiction of another Local Union in New Jersey affiliated with the Laborers' International Union of North America, or its successor, this authorization shall continue in full force and effect and the Employer shall continue to make such checkoff deductions from my wages in accordance with the authorized amounts, practice and procedure of the Local Union or District Council in which I am then working. This authorization shall remain in effect regardless of whether my original local union is merged or terminated or whether I transfer my membership to another local union signatory to the collective bargaining agreement. This authorization shall become operative immediately and shall have the effect of authorizing any such deductions made prior to my execution of the within authorization, except to the extent that I have objected thereto in writing on or before this date.

This authorization shall be irrevocable for a period of one (1) year, or until termination of the collective bargaining agreement in effect between the Union and my Employer, whichever is sooner; and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever shall be shorter, unless written notice is given by me to my Employer and the Local Union not more than 20 days and not less than 10 days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement or other agreement between my Employer and the Union, whichever occurs sooner. This checkoff authorization shall continue in existence in accordance with the above renewal and revocation provisions irrespective of my membership in the Union.

The authorization to make contributions to NJSLPAC is voluntarily made. I understand that the signing of this authorization and the making of payments to NJSLPAC are not conditions of membership in the union or of employment with any Employer, and that I have a right to refuse to sign this authorization to contribute to NJSLPAC without reprisal and that NJSLPAC will use the money it receives to make political expenditures and contributions in connection with federal, state and local elections. I also understand that the amount of contribution established is a suggested guideline, that I am free to contribute more or less than this amount by any lawful means other than this checkoff and that the union can not favor or disadvantage me because of the amount of my contribution or my decision not to contribute.

Union dues and fees, and contributions to LEROF and NJSLPAC, are not deductible as charitable contributions for federal income tax purposes. Local dues may qualify as business expenses, however, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

This assignment has been executed this _____ day of _____, 20____.

Signature: _____ Social Security Number: _____

Print Name: _____

Address: _____ What Local are you a member of? _____
