

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

UNIVERSITY PAYROLL DEDUCTION AUTHORIZATION for TEACHING ASSISTANTS, GRADUATE ASSISTANTS AND GRADUATE FELLOWS for CAMDEN, NEWARK and NEW BRUNSWICK CAMPUSES

Full-time Teaching Assistants (TA's), Graduate Assistants (GA's), and Graduate Fellows who are receiving a biweekly salary or stipend through the University Payroll System with a minimum annual salary of \$24,000 are eligible to elect a payroll deduction plan to pay for housing (excluding Married Family Housing) or dining charges and any fees not waived pursuant to the AAUP Educational Assistance Program. Less than full-time TA's, GA's, and Graduate Fellows who receive a biweekly salary or stipend through the University Payroll System with a minimum annual salary of \$12,000 are eligible to elect a payroll deduction plan to pay for their housing or dining charges and any fees not waived pursuant to the AAUP Educational Assistance Program. All other TA's, GA's or Graduate Fellows registered as part-time students may elect a payroll deduction plan each semester to pay for student fees not waived pursuant to the AAUP Educational Assistance Program.

To be eligible for the program, students must have a valid social security number as assigned by the Social Security Office of the Department of Health and Human Services (Form OA - 702 1-88). Students must obtain this number prior to September for the fall semester or February for the spring semester. Students must submit their valid social security number to the University's Registration Office. Students interested in this payroll deduction plan must complete this form and submit it no later than the second week of each semester. The University housing or dining and required fees will be deducted over (9, 8 or 7) biweekly pay periods beginning in September for the Fall semester and February for the Spring semester.

Please read the agreement below, complete the information requested, and return this signed form to Student Accounting / Cashiering Office, Records Hall Room 138, College Ave., New Brunswick Campus. The Camden and Newark T.A.'s, G.A.'s and fellows may submit this form to their campus Business Office for forwarding to New Brunswick.

I authorize RU to deduct from my biweekly salary or stipend the full semester fee owed by me for those items listed below. I understand that if I should leave the University or resign my appointment, the entire unpaid account balance shall become due immediately and payable without formal notice or demand. If the balance remains unpaid and the University refers this account to an outside collection agency, I agree to pay all collection costs. I further understand that if the balance is unpaid, a HOLD will be placed on my records and no transcripts will be issued until this debt is paid in full. No change of this agreement between the University and myself will be binding unless it is done by a mutually executed document.

I further understand that for each semester that I want to participate in this plan, I must complete, sign and return a new agreement to: Student Accounting / Cashiering Office, Records Hall Rm. 138, College Ave., New Brunswick Campus.

Name _____ <small>(Print) Last Name, First Name</small>	RU ID # _____ - _____ - _____
Signature _____	EMPLOYEE ID # _____ <small>(Not your SSN)</small>
University Address: _____ _____ _____	Permanent Address: _____ _____ _____
Campus Phone No. _____	Home/Cell Phone No. _____

EMPLOYEE TYPE:	SEMESTER:	DEDUCT FOR:	FULL AMOUNT:
<small>(Circle one)</small>	<small>(Circle one)</small>	<small>(Circle appropriate fee)</small>	<small>(Indicate Cost of Housing or Dining)</small>
TA Full-time	Fall	Housing	\$ _____
GA Full-time	Spring	Dining	\$ _____
Fellow		Campus fee	\$ _____
TA Part-time		School fee	\$ _____
GA Part-time		Computer fee	\$ _____
		Health fees	\$ _____
		TOTAL	\$ _____

The Student Accounting / Cashiering Office must receive this form no later than the second week of classes. Please direct any questions concerning this form to (848) 932-2254.

For Department Use Only	
HSG/DINING COST: _____	TOTAL AMOUNT _____
FEES COST: _____	PAYROLL DEDUCTION: _____
Processed by _____	Date _____