

Become a Member Today

REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

PRIVACY ACT STATEMENT—Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided. This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification). Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed. Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above

1. Name of Employee (Print or Type—Last, First, Middle)	2. Employee SSN	3. Date of Birth
4. Home Address (Street Number, City, State, and ZIP Code)	5. Name of Agency (Include Bureau, Division, Branch or Other Designation)	

Section A—For Use By Labor Organization

Name of Labor Organization (Indicate Local, Branch, Lodge or Other Appropriate Identification)

AFGE Local 12, AFL-CIO

I hereby certify that the regular dues of this organization for the above named member are currently established at \$_____ per _____ (biweekly pay period) (calendar month). (Strike out whichever period is not appropriate, based on arrangement with the employee's agency.)

Signature and Title of Authorized Official	Date (Month, Day, Year)
President of AFGE Local 12	

Section B—Authorization By Employee

I hereby authorize the agency named below to deduct from my pay each pay period, or the first full pay period of each month, the amount certified below as the regular dues of the (Name of Labor Organization and Local #):

AFGE Local 12

and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the below named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll

office of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency. Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee	Date (Month, Day, Year)
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I understand that the dues schedule for AFGE Local 12 is currently established as follows: Group I GS 1 to 5 WB (L) 1 to 7 \$ 14.25 per pay period Group II GS 6 to 11 WB (L) 8 to 28 \$ 18 per pay period Group III GS 12 & above WB (L) 29 & above \$ 20 per pay period	Your Room No.	Building	Grade
	Work Phone		Home Phone (Optional)
	Presented By		Phone

Please return completed application to the AFGE Local 12 office, Office N-1503 of the Frances Perkins Building, 200 Constitution Avenue, NW, Washington, DC 20210 or fax to 202.693.6431