

REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

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: I) 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 agencyif we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federalagencies for management, statistical and other official functions (without your personalidentification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN)asan individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSNisvoluntary, 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.

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Section A - Authorization by Employee																																							
I hereby authorize the agencynamed above to deduct from my payeachpay period, or the first period following its receipt in the payroll office of my employing agency. I further understa																																							
full pay period of each month, the amount certified below asthe regular duesof the: that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organ available from my employing agency, and that I may cancelthis authorization by Form 1188 or other written cancellation request with the payroll office of my employing agency, and that I may cancelthis authorization by Form 1188 or other written cancellation request with the payroll office of my employing agency, and that I may cancel this authorization by Form 1188 or other written cancellation request with the payroll office of my employing agency, and that I may cancel this authorization by Form 1188 or other written cancellation request with the payroll office of my employing agency, and that I may cancel this authorization by Form 1188 or other written cancellation request with the payroll office of my employing agency.														y fili	ng S	Stan	ndard																						
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Name of Labor Organization (Indicate Local) Section B - For Use by Labor Organization														$\overline{}$																									
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL 1 2 1 6 I. D. Code: V A 1														1																									
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