



Standard Form 1188
 Revised January 1978
 Office of Personnel
 Management
 FPM Chapter 550
 Revised June 2007 by IFPTE

CANCELLATION OF PAYROLL DEDUCTIONS
 FOR LABOR ORGANIZATION DUES AND/OR
 DENTAL PREMIUMS

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 stop labor organizations dues from being deducted from your pay and to notify the labor organization that the dues will be no longer deducted. 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 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) to 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 you 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 this payroll action cannot be processed.

Your agency shall provide an additional statement if it uses the information for purposes other than those mentioned above.

1. Name of Employee (Print-Last, First, Middle)	2. Employee I.D. Number (Soc. Sec. or Other)
3. Agency Name (Check One) Puget Sound Naval Shipyard & IMF ()	4. Timekeeper Number
5. Name of Labor Organization	6. Cancellation Date (by agency only)

I hereby cancel my authorization for the following deduction (s) of the dues for the labor organization above from my pay. I understand that this cancellation will become effective on the first full pay period which begins on or after the next established cancellation date (indicated above) after this request is received in my agency payroll office.

Union dues (IFPTE Local 12) **N58A** Willamette Dental (Single) **N59A**

Willamette Dental (Employee/Spouse or Employee/Children) **N59B** Willamette Dental (Family) **N59C**

7. Signature of Employee	8. Date (Month, Day, Year)
9. Signature of Authorized Union Official	10. Date (Month, Day, Year)

NOTE:

An authorized Union Official must process this form to Code 610.12 no later than the Thursday prior to the start of the next pay period unless the form is received on the Friday before the new pay period begins, in which case it will be forwarded to Code 610.12 that same day.