

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 Labor Organization dues be deducted from your pay and to notify your Labor organization of the deduction. Completing this form is voluntary but 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 inquiry to that office related to this record; 3) a court or an appointed 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 designated collection agency of a particular labor organization; 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 identifier to avoid confusion caused by employees with 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 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.

NAME OF EMPLOYEE <i>(Last, First, Middle)</i>		BADGE NUMBER	SHOP/CODE
HOME ADDRESS <i>(Street No., City, State)</i>			ZIP CODE
DATE OF BIRTH	HOME PHONE	WORK PHONE	NAME OF AGENCY Puget Sound Naval Shipyard
PAY PLAN/GRADE/STEP	JOB TITLE	ORGANIZER (VOUCHER)	

SECTION A. - FOR USE BY LABOR ORGANIZATION

NAME OF LABOR ORGANIZATION 	PAYMENT OF THESE SUMS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES I HEREBY CERTIFY THAT THE REGULAR DUES OF THE ORGANIZATION FOR THE ABOVE NAMED MEMBER ARE CURRENTLY ESTABLISHED AT (TOTAL PER PAYPERIOD)	UNION DUES N58A <u> 10.00 </u> DENTAL INSURANCE WILLAMETTE (Self) N59A _____ (Employee & Spouse or Child) N59B _____ (Family) N59C _____ TOTAL _____
	SIGNATURE OF AUTHORIZED UNION OFFICIAL	DATE

SECTION B. - AUTHORIZATION BY THE EMPLOYEE

I hereby authorize the above named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the above named organization, and to remit such amounts to that employee organization in accordance with the arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named employee or organization as a uniform change in its dues structure.³

I understand this authorization, if for biweekly deductions will become effective the pay period following receipt in the payroll office of my employing agency; and that, if for a monthly deduction, it will become effective the first full pay period of the calendar month following its receipt in the payroll office of my employing agency. I further understand Standard Form No. 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my Employee Organization and I may cancel this authorization by filing Standard Form 1188 with the payroll office of my employing agency. **Cancellation of this authorization and withdrawing from the Labor Organization can not be accomplished until after the one year anniversary of the date the employee joined the Labor Organization.** Such cancellation will not be effective; however, until the first full pay period that 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 above 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	IFPTE PRESIDENT	DATE
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