

CANCELLATION OF PAYROLL DEDUCTIONS FOR LABOR ORGANIZATIONS 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 stop labor organization dues from being deducted from your pay and to notify the labor organization that the dues will no longer be 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 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 Identification Number (*SSN or Other*)

3. Name of Agency (*Include Bureau, Division, Branch or Other Designation*)

4. Name of Labor Organization (*Local, Branch, Lodge or other Appropriate Identification*)

5. Reason for Cancellation (Promotion, voluntary action, etc.) – *To be completed by agency only*

6. Effective Date of Cancellation – *To be completed by agency only*

I hereby cancel my authorization for the deduction of dues for the above labor organization from my pay. I understand that this cancellation will be effective upon the first full pay period which begins on or after the date that the cancellation is received in the payroll office, and following the initial one-year period during which deductions may not be revoked.

7. Signature of Employee

Date (*Month, Day, Year*)