

HHS Transmittal 82.25
Personnel Manual
Issue Date: 9/27/82

Material transmitted

Instruction 550-2, Allotments and Assignments from Federal
Employees to Labor Organizations (pages 1-7)
Exhibit 550-2-A, HHS Form 610 (pages 1-2)
Exhibit 550-2-B, HHS Form 610A (pages 1-2)
Exhibit 550-2-C, SF 1187 (page 1)
Exhibit 550-2-D, SF 1188 (page 1)

Material Superseded

Instruction 550-2 (pages 1-8: 78.9)
Exhibit X550-2-1 (pages 1-2: 78.9)
Exhibit X550-2-2 (pages 1-2: 78.9)
Exhibit X550-2-3 (page 1: 78.9)
Exhibit X550-2-4 (page 1: 78.9)

Background

1. This Instruction replaces in its entirety the current Instruction on Allotments and Assignments from Federal Employees to Labor Organizations. There are three significant changes in the new Instruction. Specifically:
 - a. Under section 550-2-60, Scope, a written agreement between management and the labor organization for the withholding of dues is not required. By contrast, the old Instruction required that dues withholding agreements be approved in accordance with procedures established for the approval of all other written agreements.
 - b. The new Instruction is silent on the subject of charging a fee for dues withholding services. 5 U.S.C. 7115(a) provides that there will be no such cost for either the employee or the exclusive representative. The old Instruction provided that the Employee Systems Center would determine the cost per employee per pay period for such dues withholding service on an annual basis.
 - c. Under the provisions of the Executive Order, employees were provided the opportunity to

revoke dues withholding authorizations at stated six-month intervals. If such provisions are not specifically carried over in negotiations under the statute} employees may not revoke the assignment of dues withholding for a period of one year as provided for in section 550-2-100B.1.

2. The forms used to authorize, establish, change, or cancel the automatic deduction of union dues from paychecks (see Exhibit 550-2-A and B) are scheduled to be revised into one form. when the revised form is issued, the Exhibits will be amended to contain the new form. Until the revised form is issued, the current forms should be used.
3. This issuance is effective immediately. However, you are reminded of the obligation to implement this issuance consistent with labor relations responsibilities (5 U.S.C. Chapter 71 and provisions of negotiated agreements). Before servicing personnel offices implement this issuance for bargaining unit employees, they must obtain the concurrence of the unit's Collective Bargaining Official on a management position.

Filing Instructions

Remove superseded material and file new material. Change Table of Contents (Instruction 002-1) for the Personnel Manual to reflect changes. Post receipt of this transmittal to the HHS Check List of Transmittals and file this transmittal in sequential order after the check list.

Thomas S. McFee
Assistant Secretary for
Personnel Administration

Subject: ALLOTMENTS AND ASSIGNMENTS FROM FEDERAL EMPLOYEES
TO LABOR ORGANIZATIONS

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- Exhibit 550-2-A HHS Form 610, Authorization for Individual Union Dues Checkoff
550-2-B HHS Form 610A, Authorization to Establish, Change or Cancel Union
Dues Account
550-2-C SF 1187, Request for Payroll Deductions for Labor Organization Dues
550-2-D SF 1188, Cancellation of Payroll Deductions for Labor Organization
Dues

550-2-00 PURPOSE AND AUTHORITY

- A. This Instruction establishes Department policies and procedures for the allotment of dues to a labor organization under the provisions of Title 5 United States Code (U.S.C.) Chapter 71, the Federal service labor-management relations statute.
- B. U.S.C. 7115 establishes the requirements for dues allotments to labor organizations in the Federal service. That section of the statute, as supplemented by this Instruction, constitutes the policies and requirements for dues allotments to labor organizations in the Department of Health and Human Services (HHS):

550-2-10 COVERAGE

Responsible Office: Division of Labor-Management and Employee Relations, Office
of the Assistant Secretary for Personnel Administration, HHS (FTS 245-0451)

This Instruction applies to all employees of the Department who are in an appropriate unit represented by a labor organization and who have authorized the Department, through a written assignment, to deduct amounts from their pay for the regular and periodic dues of the exclusive representative of the unit.

550-2-20 REFERENCES

- A. 5 U.S.C. Chapter 71 (law - labor-management relations)
- B. 5 CHAFER. Part 297 (regulations - protection of privacy)
- C. HHS Instruction 711-1 (labor-management relations)
- D. Comptroller General Decision, B-180095, dated 10/2/75 (availability of appropriations for employees' union dues)
- E. Federal Labor Relations Authority Interpretation and Guidance FLEA No. O-PS-1 (dues assignments)

550-2-30 DEFINITIONS

- A. Terms defined in 5 U.S.C. Chapter 71 and HHS Personnel Instruction 711-1 have the same meaning when used in this Instruction (e.g., Local Labor Relations Officer).
- B. Control File - A file in the custody of the Local Labor Relations Officer which meets the requirements of Office of Personnel Management Regulations, 5 CHAFER. Part 297, for the safeguarding of personnel information in manual personnel records systems.

550-2-40 POLICY

It is the policy of the Department that the deduction of the regular and periodic dues of the exclusive representative of an appropriate unit will be made in accordance with the requirements of 5 U.S.C. 7115.

550-2-50 GENERAL LIMITATIONS

- A. HHS Forms 610 and 610A (Exhibits 550-2-A and 550-2-B) properly certified by the applicable Local Labor Relations Officer, are the only documents which can authorize, establish, change, or cancel the automatic deduction of union dues from paychecks.
- B. Dues deductions will be made on a biweekly basis only.
- C. Any payroll action requiring the use of the HHS Forms 610 and 610A will not be effective sooner than the pay period in which the data from the forms are accepted into the Terminal Data Collection Service (TICS)

- D. Retroactive deductions of dues will be made only in accordance with the Comptroller General's decision B-180095, dated October 2, 1975.

550-2-60 SCOPE

A written agreement between management and the labor organization for the withholding of dues is not required. It must be understood, however, that dues will be deducted only in accordance with the procedures in this Instruction.

550-2-70 AUTHORIZATION OF ALLOTMENT

A. Action by Employees and Unions

1. SF 1187 (Exhibit 550-2-C) may be used to authorize allotments. Labor organizations, not the Department, will stock this form. Forms may be purchased from the Government Printing Office.
2. When the SF 1187 is used, the employee's social security number must be inserted in the "Employee I.D. Number" block. The dues withholding account number covering the subject employee must be included in the "Name of Labor Organization" block.
3. The labor organization will send the completed form to the Local Labor Relations Officer for processing.

B. Action by the Local Labor Relations Officer

The Local Labor Relations Officer will verify that the employee is in the bargaining unit; complete Form 610; forward the original copy to the servicing personnel office TICS transaction unit; forward the first copy to the union and retain the second copy and the SF 1187 in the Control File.

550-2-80 UNION ACCOUNTS

A. General

Each dues withholding account number will cover only one union local in a bargaining unit which has the same level of dues for all employees. Initial amounts and changes in dues amounts will be reported to the Local Labor Relations Officer in accordance with section 550-2-90. When a union has a multiple level dues structure, each level will have a separate account number.

B. Obtaining Account Numbers

After the union has been certified by the Federal Labor Relations Authority as either (1) the exclusive representative for the unit or (2) having a valid petition showing that 10 percent of the employees in an appropriate unit have membership, the Local Labor Relations Officer will contact the Director, Division of Labor-Management and Employee Relations, by telephone, and obtain a dues withholding account number(s).

550-2-90 ESTABLISHMENT, CHANGE OR CANCELLATION OF A UNION
DUES ACCOUNT

A. Establishment of an Account

After a dues withholding account number has been assigned to the bargaining unit, the Local Labor Relations Officer will complete Form 610A for each account and distribute it as outlined in section 550-2-70B.

B. Changes in Accounts

Changes to an established account will be made by following the instructions on the back of Form 610A. The Local Labor Relations Officer will complete Form 610A and forward it as outlined in section 550-2-70B.

C. Cancellation of an Account

An account will not be cancelled until the Local Labor Relations Officer discusses the proposed action with the Operating Division Labor Relations Officer or the Regional Labor Relations Officer and the Director, Division of Labor-Management and Employee Relations. After such discussion, the Local Labor Relations Officer will complete Form 610A; forward the original and third copies to the Director, Division of Labor-Management and Employee Relations, who will have the cancellation entered in the system at the headquarters office of the Employee Systems Center; forward the first copy to the union; and retain the second copy. Accounts will be cancelled only by the headquarters office of the Employee Systems Center.

550-2-100 MASS CHANGE, REVOCATION, OR DISCONTINUANCE OF
ALLOTMENT

A. Mass Change in Amount of Allotment

1. When a labor organization changes its dues, the authorized official of the labor organization will report such change in writing to the Local Labor Relations Officer who services the bargaining unit.

2. The Local Labor Relations Officer will complete Form it as outlined in section 550-2-70B.
3. The changed amount will be deducted not earlier than the first full pay period after the union designated effective date and acceptance of the Form 610A data into the TICS system.

B. Revocation of Allotment

1. An employee or labor organization may request the revocation of an allotment in accordance with the provisions of the negotiated agreement governing the bargaining unit in which the employee is employed or in accordance with the Interpretation and Guidance of the Federal Labor Relations Authority (FLRA) published in FLRA No. O-PS-1 dated April 19, 1979. The request must be submitted to the Local Labor Relations Officer. An employee may revoke the the allotment either by completing the SF 1188 (Exhibit 550-2-D) or by making a written request without using the SF 1188. The Social Security Number must be provided in the written request or in the "Employee I.D. Number" block on the SF 1188. If a written request is used, it must contain all the information required by the SF 1188 and this subparagraph.
2. The Local Labor Relations Officer Will complete Form 610; forward the original copy to the servicing personnel office TICS transaction unit; forward the first copy to the union and retain the second copy and the employee's revocation request in the Control File. The revocation will not become effective until the applicable revocation date and acceptance of the Form 610 data into the TICS.
3. The SF 1188 will not be carried in the Department supply system. It may be purchased from the Government Printing Office.

C. Discontinuance of Allotment

When it is determined under law and regulation that an employee or a labor organization is no longer eligible for dues checkoff (e.g., the employee is suspended or expelled by the union or is no longer in the bargaining unit, or the union has lost recognition for the unit) the Local Labor Relations Officer will certify the action required by completing the applicable Form 610 or 610A and forward it as outlined in section 550-2-70B or section 550-2-90C.

Arrangements for allotments by supervisors under the saving provision (5 U.S.C. 7135) are not subject to negotiation between management and the labor organization concerned. Therefore, the written arrangements in effect as of December 31, 1970 will continue to apply- for such supervisors.

550-2-120 REMITTANCES AND REPORTS

A. Remittance Official

The union will advise the Local Labor Relations Officer in writing of the name and complete address of the official authorized to receive remittances and reports. The Local Labor Relations Officer will enter this Remittance Official information into the TICS by completing Form 610A and distributing it as outlined in section 550-2-70B.

B. Report Preparation and Distribution

The Pay Systems Division will submit a report biweekly in triplicate to the Local Labor Relations Officer named on the report showing the following:

1. Pay period number, pay period ending date, dues account number and date the report was prepared;
2. Identification of installation;
3. Identification of the labor organization, including the local number;
4. Name and address of Remittance Official and Local Labor Officer;
5. Names of employees for whom payroll deductions are made and the amount of the deduction. All changes in deductions from the previous report will be grouped at the top of the printout with an explanatory message for each change; and
6. Number of records, number of deductions, and total amount deducted due the union.

C. Action by the Local Labor Relations Officer

The Local Labor Relations Officer is responsible for checking the report to identify errors and to ensure that all Forms 610 and 610A actions authorized for that period have been effected. If such actions have not been effected, a follow-up will be made with the servicing personnel office TICS transaction unit to determine the reason and what action may be necessary to correct the situation. No actions will be effected based upon telephone calls or other oral arrangements. Forms 610 and 610A are the only authorized means for effecting checkoff actions, including the correction of errors and omissions. Immediately upon receipt of the report, the Local Labor

Relations Officer will forward two copies to the union Remittance Official identified on the report and retain the third copy in the Control File.

550-2-130 RETENTION OF FORMS AND REPORTS

A. Standard Forms 1187, 1188

These forms will be retained in the Control File for as long as the applicable employees remain in the bargaining' unit.

B. HHS Form 610A

This form will be retained as follows:

1. Forms which establish or cancel accounts will be retained as long as the union has recognition for the applicable unit; and
2. Forms Which change account information will be retained as long as that change is applicable.

C. Reports

The Local Labor Relations Officer will retain a copy of all reports in the Control File for at least one year from the issue date.

550-2-140 DISTRIBUTION OF COPIES TO HHS

Distribution of copies to the Director, Division of Labor-Management and Employee Relations; required by this Instruction will be addressed to the Director, Division of Labor-Management and Employee Relations, OS-ASPER, Department of Health and Human Services, 330 Independence Avenue, S.W., Washington, D.C. 20201.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
AUTHORIZED FOR INDIVIDUAL UNION DUES CHECKOFF

THIS FORM CAN BE USED TO START OR TERMINATE INDIVIDUAL UNION DUES CHECKOFF
(INSTRUCTION ON BACK)

UNION ACCOUNT #

EFFECTIVE DATE

NATURE OF ACTION	SOCIAL SECURITY NUMBER	3 CHAR	LAST	NAME FIRST	MI
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951.0 - START UNION DUES CHECKOFF

<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____

950.1 - TERMINATE: PERSON NOT IN BARGAINING UNIT

950.2 - TERMINATE: PERSON REQUESTED TERMINATION

950.3 - TERMINATE: PERSON SUSPENDED/EXPELLED FROM UNION

<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____	_____

I CERTIFY THERE IS A CURRENT AGREEMENT AS REQUIRED BY APPLICABLE CSC REGULATION TO PERMIT DUES WITHHOLDING FOR THIS LABOR ORGANIZATION, AND THAT ANY ADDITIONS, CHANGES, OR DELETIONS AUTHORIZED ON THIS FORM ARE IN ACCORDANCE WITH NEW PERSONNEL INSTRUCTION 550-2.

AUTHORIZED SIGNATURE LOCAL LABOR RELATIONS OFFICER	TITLE	TELEPHONE	DATE
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INSTRUCTIONS FOR HEW FORM 610

1. Use typewriter only
2. To be completed in quadruplicate
3. Distribution:

Original - TICS Terminal Operator
1st Copy - Union
2nd Copy - Local Labor Relations Officer
3rd Copy - Director, Labor Relations Staff
OS-OAS PER-OPT
Department of Health, Education, and Welfare
Washington, D.C. 20201
4. Each form must have the Union Account Number, the Effective Date, and the certification line completed. The Certification must be signed by the Local Labor Relations Officer, or the person acting in the absence of the LLRO.
5. One form may be used to Start and/or Terminate more than one person on checkoff, provided the effective date and union account number are the same for all persons.
6. To START checkoff, use only the lines preceded by the Nature of Action Code 951.0
7. To TERMINATE checkoff, use only the lines preceded by the Nature of Action Code 950, and add either 1, 2, or 3 to the Nature of Action Code as follows:
 - 1 - If the person is not in the bargaining unit
 - 2 - If the person requested termination
 - 3 - If the person is suspended or expelled from the union
8. Ensure the social security number and then the first three characters of the last name are within the designated blocks.
9. To change a person from one union account number to another, use Nature of Action Code 951-0; do not terminate the employee from the old union account number -- the new start will automatically terminate the person from the old account.
10. The effective date should be the first day of the pay period in which the action is to be effected.
11. Telephone numbers should be the FTS number. However, if you are not on FTS, include the area code with your commercial number.
12. No checkoff will be authorized against a union dues account until the account, itself, has been established. Accounts can be established only by an HEW Form 610a.
13. If an employee is changed from one Appointing Office in HEW to another in HEW, that person's checkoff will Be automatically terminated. Checkoff is not transferable. If checkoff is appropriate at the new Appointing office, a new HEW 610 must be submitted.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
AUTHORIZATION TO ESTABLISH, CHANGE, OR CANCEL UNION DUES ACCOUNT
(INSTRUCTIONS ON BACK)

UNION ACCOUNT NUMBER LAIRS IDENTIFICATION

ESTABLISH ACCOUNT EFFECTIVE DATE

CHANGE ACCOUNT

CANCEL ACCOUNT

HEW ORGANIZATION TITLE

CITY STATE

UNION NAME AND LOCAL NUMBER

REMITTANCE AMOUNT FEE AMOUNT

REMITTANCE OFFICAL'S NAME

MAILING ADDRESS LINE 1

LINE 2

STREET ADDRESS

CITY STATE ZIP

LOCAL LABOR RELATIONS OFFICER'S INFORMATION

OFFICER'S NAME

OFFICER'S TITLE

MAILING ADDRESS LINE 1

LINE 2

STREET ADDRESS

CITY STATE ZIP

I CERTIFY THERE (IS/IS NOT) A CURRENT AGREEMENT AS REQUIRED BY APPLICABLE CSC REGULATIONS TO PERMIT DUES WITHHOLDING FOR THIS LABOR ORGANIZATION, AND THAT ANY ADDITIONS, CHANGES, OR DELETIONS AUTHORIZED ON THIS FORM ARE IN ACCORDANCE WITH HEW PERSONNEL INSTRUCTION 550-2.

AUTHORIZED SIGNATURE LOCAL LABOR RELATIONS OFFICER	TITLE	TELEPHONE	DATE
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1. Use typewriter only.
2. To be completed in quadruplicate.
3. Distribution:
 - Original - TICS Terminal Operator
 - 1st Copy - Union
 - 2nd Copy - Local Labor Relations Officer
 - 3rd Copy - Director, Labor Relations Staff

OS-OASPER-OPT
Department of Health, Education, and Welfare
Washington, D.C. 20201
4. Each form must have the Union Account Number, the LAIRS Identification Number, and the certification line completed. The Certification must be signed by the Local Relations Officer, or the person acting in the absence of the LLRO Union Account and the LAIRS Identification numbers are obtained by telephone from the Director, Labor Relations Staff, HEW.
5. Ensure that information provided is restricted to the number of characters (including spaces) provided; abbreviate if necessary to fit. Always use the Postal Service abbreviation for states.
6. Check which one of the three actions (Establish, Change or Cancel) you are requesting.
7. HEW Organization Title - Begin with the initial caps designation of the Primary National Subdivision (ED, HCFA, PHS, SSA, or OS), then the initial caps of the constituent agency or bureau, followed by the name of the installation.
8. Union Name and Local Number - Use initial caps designation for the union name.
9. Remittance Amount - Enter the dollars and cents amount of biweekly dues deduction.
10. Fee Amount - Enter the cents amount of the biweekly; if there is no fee, enter two zeros.
11. Mailing Address - Always use the street address line. Line 1 and Line 2 are used only to further clarify the mailing address, if necessary.
12. When the action is to "Establish Account," all items must be completed.
13. When the action is to "Change Account," only that item that is to be changed should be filled in. If an address is changed, complete the entire address, not just a single line.
14. DO NOT cancel any union account until you have obtained the approval of the applicable PNS Labor Relations Officer and the Director, Labor Relations Staff, HEW.
15. Telephone numbers should be the FTS number. However, if you are not on FTS, include the area code with you commercial number

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**REQUEST FOR PAYROLL DEDUCTIONS
FOR LABOR ORGANIZATION DUES**

Privacy Act Statement

Section 5525 of Title 5 United States Code (Allotments 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 Treasury to make proper financial adjustments; 2) a Congressional officer 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 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's 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 the payroll deductions cannot be processed.

Your agency should provide an additional statement if it used the information furnished on this form for purposes other than those mentioned above.

1. Name of Employees (<i>Print--Last, First, Middle</i>)	2. Employee I.D. Number (<i>SSN or Other</i>)	3. Timekeeper Number
4. Home Address (<i>Street Number, City, State and ZIP Code</i>)	5. Name of Agency (<i>Includes Bureau, Division, Branch or Other Designation</i>)	

Section A--For Use By Labor Organization

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

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 (<i>Month, Day, Year</i>)
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Section B -- Authorization By Employee

I hereby authorize the above named agency to deduct from my pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization) _____ 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 above 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; 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 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 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.

Signature of Employee	Date (<i>Month, Day, Year</i>)
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FOR COMPLETION BY AGENCY ONLY --The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "Yes", send this form to payroll. If "No", return this form to the labor organization.)	YES	NO
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Standard Form 1188
Revised January 1979
Office of Personnel
Management
FPM Chapter 559

**CANCELATION OF 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 stop labor organization 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 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 this payroll action 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--Last, First, Middle) | 2. Employee I.D. Number (Social Security or other) |
| 3. Agency Name (Include Bureau, Division, Branch, or other Designation) | 4. Timekeeper Number |
| 5. Name of Labor Organization | 6. * Cancellation Date (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 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.

- | | |
|--|----------------------------|
| 7. Signature of Employee
(Submit copies 1 and 2 to the agency payroll office. Copy 1 is retained for payroll records and Copy 2 is forwarded by the payroll office to the labor organization in accordance with the arrangement between the agency and the labor organization. Copy 3 is retained by the employee.) | 8. Date (Month, Day, Year) |
|--|----------------------------|

* GPO : 1979 0-369-464 (T5)