

## ENOUGH TO

**Holiday Campaign** 

Oct. 24, 2016 to Feb. 28, 2017



## New members receive \$100 Recruiters receive \$100

Please submit your 1187s to your Local President. Locals will fax all completed 1187 forms to 202.449.1134.

If you have any questions or concerns please call the Membership and Organization department: 202.639.6410



Form 1187 Rev. 2016



## 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 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.

PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK.		
1. Last Name First M.I.		
2. Home Address		Unit #
City State Zi	p code 3. Employee SSN	4. Date of Birth - MM/DD/YY
5. Home Phone Number 6. Personal Cell Phon	e Number (preferred) 7. Office P	hone Number Extension
		x
8. Primary Personal Email (Not your government email address) Opt Out Email		
		from AFGE.
9. Name of Agency		I give permission for AFGE to invite me to robocalls and tele-town halls via my personal cell phone.
Section A - Authorization by Employee		
I hereby authorize the agency named above to deduct from my pay each pay period	The production of the second o	payroll office of my employing agency. I further understand
full pay period ofeach month, the amount certified below as the regular dues of the		llation of Payroll Deductions for Labor Organization Dues, is ncy, and that I may cancel this authorization by filing Standard
American Federation of Government Employees	'   (   /	llation request with the payroll office of my employing agency.
Council # (if applicable)		tive, however, until the first full pay period which begins on or tion date of the calendar year after the cancellation is received
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 below named labor organization as a uniform change in its dues structure.  Contributions or gifts (including dues) to the labor organization shown at the left are not tax deductible as charitable contributions. However, they may be tax deductible under other		
I understand that this authorization, if for a biweekly deduction, will become effective the pay provisions of the Internal Revenue Code.		
Cignature of Employee	Date Signed MM/DD/YY	Gender (Optional) F M Other
EOR COMPLETION BY ACENCY ONLY. The above parted 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.)		
Name of Labor Organization (Indicate Local)  Section B - For Use by Labor Organization		
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL . I. D. Code:		
I hereby certify that the regular dues of this organization for the above named member are currently established at \$ per biweekly pay period.		
Signature and Title of Authorized Off	icial	
DERA	TE REQUEST FORM *	Date signed MM/DD/YY
N-DA	TE REQUEST FORM	
Fax to		Membership Type Full-time Part-time
I hereby certify that I have received a rebate from Local 3599 in the amount of 100		
Name	_ Signature	Date
I hereby certify that I have received recruiter bonus from Local 3599 in the amount of # 100		
Recruiter Name	Signature	Date
Recruiter SSN	Local #	
Course Address	C'h.·	Chaha 7in