



## REQUEST FOR PAYROLL DEDUCTION FOR LABOR ORGANIZATION DUES

1. Name of Employee (Print or Type - Last, First, Middle)  <i>X</i>	2. Employee Identification Number (SSN or Other)  <i>X</i>	3. Timekeeper Number
4. Home Address (Street Number, City, State and ZIP Code)  <i>X</i>	5. Name of Agency (Include Bureau, Division, Branch or Other Designation)  <i>U.S. Capitol Police</i>	

### SECTION A - For Use By Labor Organization

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

*FOP / U.S. Capitol Police Labor Committee*

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ *20.64* 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 (Month, Day, Year)

### SECTION B - Authorization by 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 (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. I further understand that CP-1188, Cancellation of Payroll Deductions for Labor Organization Dues is available from my employing agency, and that I may cancel this authorization by filing CP-1188 or other written cancellation request with the payroll office of my employing agency. Such cancellation will not be effective, however, until the first full 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.

Employees are advised that they may utilize any available internal union procedures to limit their dues to activities germane to the union's role as collective bargaining representative involving collective bargaining, contract administration, and/or grievance adjustments.

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 (Month, Day, Year)

<i>X</i>	<i>X</i>				
<b>FOR COMPLETION BY AGENCY ONLY</b> - 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.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO				