

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

VOLUNTARY DEDUCTION / CANCELLATION OF AFGE UNION DUES

INSTRUCTIONS: Sections I, II, and IV are to be completed by employee. Section III must be completed by the AFGE Local Representative, and Section V will be completed by the TSA Office of Human Capital (OHC) <i>HRAccess</i> . Please type or print the required information in the spaces below. An OHC Payroll Specialist will retain the original and will provide one copy to the affected employee.		
SECTION I. Employee Information		
Last Name:	First Name:	SSN:
Home Address:		
Contact Number: () -	Airport Code/Office:	
Personal email address (<i>optional</i>):		
SECTION II. Voluntary Deduction Request		
Labor Organization – <i>American Federation of Government Employees (AFGE)</i>		
Action Requested: (<i>check only one box</i>)		
<input type="checkbox"/> Establish AFGE Dues Deduction – <i>Employees must contribute dues for a minimum of one (1) year.</i>		
<input type="checkbox"/> Cancel AFGE Dues Deduction – <i>Employees may only cancel after (a) completing one (1) year of dues contributions or (b) being selected to a position not covered by the bargaining unit. Cancellations must be submitted during the time frame specified in Section IV.</i>		
SECTION III. Local Representative Only		
Amount to be Deducted Bi-weekly: \$	ID or Local Number: (<i>if applicable</i>):	
Local Representative Name _____	Local Representative Signature _____	Date _____
SECTION IV. Employee Acknowledgment		
<p>I hereby authorize TSA to deduct from my pay each pay period the amount certified above as the regular dues of the AFGE Local Chapter, and to remit such amount to AFGE in accordance with its arrangements with TSA. I understand that this authorization will become effective the pay period following its receipt in the TSA Payroll Office. I understand that the AFGE has the right to change the amount to be deducted when certified by AFGE at any given time after my membership begins. I further understand I must resubmit this form to cancel dues deductions for AFGE, and that I may only cancel this dues deduction after my initial one-year anniversary membership date or upon my selection to a position not covered by the bargaining unit. I fully understand that after completing my initial one (1) year of contributions, I can cancel my contributions within two (2) pay periods prior to or two (2) pay periods after my anniversary membership date each year. Cancellations relating to a position change can be submitted upon the effective date of this action. Cancellations will be effective the first full pay period after the form is received in the TSA Payroll Office. Bargaining unit employees who have elected to have dues withheld, who are reassigned from one airport to another, will continue to have dues withheld.</p>		
Signature _____		Date _____
SECTION V. TSA Payroll Office Use ONLY		
Voluntary Deduction Code:	Collection Code:	

TSA Payroll Office Processing Instructions – Forward to:
TSA HRAccess Shared Service Center
Metroplace1, 2650 Park Tower Drive, Suite 201
Vienna, VA 22180-7300

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. § 114(n); E.O. 9387. **PRINCIPAL PURPOSE(S):** To request that union dues be deducted from your pay, and to notify the AFGE of the deduction. **ROUTINE USE(S):** This information may be shared with the Department of Treasury to make proper financial adjustments, to officials of the AFGE as to the identity of employees contributing union dues each pay period, and the amount withheld from each employee, and for routine uses listed in the Transportation Security Administration's system of records notice, DHS/TSA 022 National Finance Center (NFC) Payroll Personnel System. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in an inability to process your request and deduct dues from your pay. Failure to provide your Social Security Number (last four (4) digits) may result in a delay or the inability to process your payroll deduction/cancellation request.