

REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT
OF COMPENSATION FOR PAYMENT OF EMPLOYEE ORGANIZATION DUES

NAME OF EMPLOYEE (Print Last Name, First, Middle)

IDENTIFICATION NO. (Social Security or Other)

HOME ADDRESS (Street and Number)

(City and State)

AGENCY (Include Bureau, Division, Branch or other Designation) ORGANIZATION AND OFFICE SYMBOL

SECTION A – FOR USE BY EMPLOYEE ORGANIZATION

NAME OF EMPLOYEE ORGANIZATION (Indicate local, branch, lodge or other appropriate identification)

Federal Managers Association
Chapter 252
P.O. Box 6600
Fort Bliss, TX 79906

I hereby certify that the regular dues of this organization for the above named member are currently established at \$4.00 per biweekly pay period.

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

DATE

WILLIAM E. CARTER, President, Federal Managers Association, Chapter 252

SECTION B – AUTHORIZATION BY EMPLOYEE

I hereby authorize the above named agency to deduct from my pay each period, or the first full pay period of each month, the amount certified above as the regular dues of the FEDERAL MANAGERS ASSOCIATION and to remit such amounts to that employee 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 employee 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 revocation forms, Standard Form No. 1188, Revocation of Voluntary Authorization for Allotment of Compensation for Payment of Employee Organization Dues, are available from my employing agency and that I may revoke this authorization at any time by filling such a revocation form or other written revocation request with the payroll office of my employing agency. Such revocation will not be effective, however, until the first full pay period following March 1st or September 1st of any calendar year, whichever date occurs after the revocation is received in the payroll office.

SIGNATURE OF EMPLOYEE

DATE