AUTHORIZATION OR CANCELLATION OF VOLUNTARY DEDUCTION FOR PAYMENT OF LABOR ORGANIZATION DUES

GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF BUDGET AND FINANICAL MGT. DISTRICT ACCOUNTING PAY SECTION

SECTION A – TO BE COMPLETED BY EMPLOYEE.

Full Name: _____ _____ _____
Last *First* *M.I.*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

EMPLOYEE ID (On Pay Check Stub): _____

Effective Date: _____

I hereby authorize a deduction from my pay each pay period to be forwarded to the labor organization named herein:

D.C. Government Employer Agency:

Check One:

☐ **NEW APPLICATION** FIELD CODE 096
Enter proper deduction Code

Deduction / Payroll Code: ☐ ☐ ☐ ☐

☐ **CANCELLATION** ENTER 0000 ABOVE

_____
SIGNATURE OF EMPLOYEE

SECTION B – TO BE COMPLETED BY LABOR ORGANIZATION.

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

Labor Organization:

Signature and title of authorized official: _____ **Date:** _____

Please Note:

If forms do not meet the requirements below, they will not be processed and will be returned to the Labor Organization:

- **This form must be dated and signed by the employee and authorized Union representative.**
- **This form must contain original signatures of the employee and authorized Union representative.**
- **This form must be submitted to the Office of Labor Relations and Collective Bargaining (or the Independent Agency) within one year of the date of the employee's or the Union representative's signature. (Forms more than one year old will not be processed).**

Submit Go