



Voluntary Deduction for Organization Dues/Fees

INSTRUCTIONS: To be completed by employee. Please type or print the required information in the spaces below. Human Resources/Payroll Specialist will retain the original and will provide one copy each to the benefiting organization and requesting individual.

Requestor Name: \_\_\_\_\_ Contact No.: ( !!! ) !!! - \_\_\_\_\_
Home Address: \_\_\_\_\_
Social Security No.: !!! - !! - \_\_\_\_\_ Amount to be deducted biweekly: \$ \_\_\_\_\_
Airport Code/Office : \_\_\_\_\_ Personal email address (optional): \_\_\_\_\_
Labor Organization to receive voluntary deduction: \_\_\_\_\_ Local No.: \_\_\_\_\_

I hereby request that a voluntary deduction be established, changed or canceled as designated below. I understand that if the action requested is an establishment of a voluntary deduction, that I am authorizing the amount designated to be deducted each pay period from my biweekly pay, and to be forwarded to the designated labor organization. I further authorize any change in the amount to be deducted that is certified by the above named labor organization as a uniform change in its dues structure.

- Action Requested (check one): [ ] Establish Voluntary Deduction
[ ] Change Voluntary Deduction
[ ] Cancel Voluntary Deduction

Signature: \_\_\_\_\_ Date: !! !! \_\_\_\_\_

FOR PAYROLL OFFICE USE ONLY

Voluntary Deduction Code = \_\_\_\_\_ Collection Code = \_\_\_\_\_

Payroll Office Processing Instructions

Forward to: TSA HR Access Shared Service Center, Metroplace 1, 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 organization dues or fees be deducted from your pay, and to notify the elected organization of the deduction. Routine Use(s): This information may be shared with the Department of Treasury to make proper financial adjustments, to officials of labor organizations as to the identity of employees contributing union dues each pay period and the amount of dues 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 no. may result in a delay in processing your payroll deduction request.

Previous editions of this form are obsolete.