

AFGE



# DON'T LET THE VA SABOTAGE YOUR JOB

**We're fighting for increased transparency at the VA to protect the valuable work you do for our nation's veterans.**



**AFGE has been on the frontlines of the vacancy crisis at the VA, raising awareness for years about chronic and intentional understaffing. Recently released staffing numbers by the VA confirm what we knew all along: There are nearly 50,000 vacancies, and that number is growing.**

- ▶ AFGE's National VA Council submitted Freedom of Information Requests to obtain an accurate number of vacancies by facility and types of positions.
- ▶ We've worked tirelessly with coalition partners and Veterans Service Organizations to pressure the VA into disclosing the number of unfilled vacancies.
- ▶ We have lobbied members of Congress who have in turn raised concerns that the VA's funding and staffing challenges will be worsened by funneling more money into the private, for-profit sector.
- ▶ Our continued pressure has exposed Secretary Wilkie as a boss who doesn't care about staffing his own agency. He recently stated at a Congressional hearing, "I'd be lying to you if I said I was going to look to fill all those vacancies."

**AFGE is proud to advocate for your workplace rights and the work you do to serve America's veterans. It's time for management to STAFF THE VA!**

**Join us in the fight for a fully-funded, fully-staffed, world-class VA health care system. Visit [www.afge.org/joinnow](http://www.afge.org/joinnow).**





# REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Section 5525 of title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit;

4) an appropriate law enforcement agency if we become aware of a legal violation; 5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

**PLEASE PRINT IN BLOCK UPPERCASE LETTERING USING BLACK/BLUE INK.**

1. Last Name										First										M.I.	
2. Home Address																				Unit #	
City					State		Zip code			3. Employee SSN			4. Date of Birth - MM/DD/YY								
5. Home Phone Number				6. Personal Cell Phone Number (preferred)				7. Office Phone Number				Extension									
8. Primary Personal Email (Not your government email address)												<input type="checkbox"/> Opt Out Email				<input type="checkbox"/> I would like to receive text messages from AFGE. <input type="checkbox"/> I give permission for AFGE to invite me to robocalls and tele-town halls via my personal cell phone.					
9. Name of Agency																					

## Section A - Authorization by Employee

I hereby authorize the agency named above to deduct from my pay each pay period, or the first full pay period of each month, the amount certified below as the regular dues of the:

**American Federation of Government Employees**

C       Council # (if applicable)

L     Local #

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 below 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 Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 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.

Contributions or gifts (including dues) to the labor organization shown at the left 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 Signed MM/DD/YY	Gender (Optional) <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
-----------------------	----------------------	--

FOR COMPLETION BY AGENCY ONLY - 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.)

Yes  No

## Section B - For Use by Labor Organization

Name of Labor Organization (Indicate Local)

**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL**

I. D. Code:

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

Signature and Title of Authorized Official	Date signed MM/DD/YY
--	----------------------

## REBATE REQUEST FORM \*

Fax to \_\_\_\_\_

Membership Type  Full-time  Part-time

New Member

I hereby certify that I have received a rebate from Local \_\_\_\_\_ in the amount of \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Recruiter

I hereby certify that I have received recruiter bonus from Local \_\_\_\_\_ in the amount of \_\_\_\_\_

Recruiter Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Recruiter SSN \_\_\_\_\_ Local # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Notes \_\_\_\_\_

\*IRS Form 1099 or W-2 will be issued based on current income tax laws by the payer.

