



AFGE's Lawsuit is Fighting for BOP Workers!



Join AFGE and our Lawsuit NOW.

On December 31, 2018, AFGE and the law offices of Kalijarvi, Chuzi, Newman & Fitch (www.KCNFDC.com) sued the federal government on behalf of AFGE members and ALL federal employees covered by the FLSA who were forced to work without pay from 12/22/18 - 1/25/19. Our union is the only organization fighting on behalf of employees throughout the entire government who were forced to work without pay.

**Visit www.2018governmentshutdown.com
for questions or to join the suit.**

*Fill out the 1187 form on the opposite side of this page to **JOIN AFGE**.
Hand the form to anyone at your local AFGE office. Or visit www.afge.org/join*

AFGE



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.
<input type="text"/>		<input type="text"/>		<input type="text"/>
2. Home Address			Unit #	
<input type="text"/>			<input type="text"/>	
City	State	Zip code	3. Employee SSN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
5. Home Phone Number		6. Personal Cell Phone Number (preferred)		4. Date of Birth - MM/DD/YY
<input type="text"/>		<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
7. Office Phone Number			Extension	
<input type="text"/>			<input type="text"/> X <input type="text"/>	
8. Primary Personal Email (Not your government email address) <input type="checkbox"/> Opt Out Email				
<input type="text"/>				
9. Name of Agency				
<input type="text"/>				

I would like to receive text messages from AFGE.
 I give permission for AFGE to invite me to robocalls and tele-town halls via my personal cell phone.

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	L
Council # (if applicable)	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.

<input style="width:95%;" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender (Optional) <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
Signature of Employee	Date Signed MM/DD/YY	

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:	<input type="text"/>	<input type="text"/>
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I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per biweekly pay period.

<input style="width:95%;" type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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.

