

VA MANAGEMENT'S CONTRACT PROPOSAL TURNS A DEMOCRACY INTO A DICTATORSHIP



The administration is turning the VA into a dictatorial agency in which you have no say in your own working conditions and no right to hold rogue managers accountable. The proposal seeks to destroy the dignity of workers, many of whom are veterans. It seeks to bust your union and take away your rights at work. Here are a few examples of what the VA wants to do:

Time, Leave, and Holidays

Your leave request can be denied for any reason. You need to submit your leave request 60 days in advance. For leave of 5 consecutive days or more, you need to submit a request 90 days in advance.

Schedule changes

Management also has the right to change work schedules without prior notice to the employee.

Disciplinary and adverse action

The VA can unilaterally change policies regarding disciplinary and adverse actions at any time. That means you could be doing something that wasn't technically wrong, but they can change policies to make it easier to fire you.

Employees' rights and responsibilities

You won't be able to file a grievance on most issues, including an unjust termination, demotion or suspension, performance appraisal, overtime, and leave. All hearings will be held in Washington, D.C.

Telework

Telework is no longer guaranteed; it's up to the supervisor's schedule. You must resubmit a telework request every four months for approval. Those working compressed schedules are no longer eligible.



AFGE is denouncing this sham proposal. Visit www.afge.org/IServeVeterans to see the VA's proposed changes to the current contract.

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO





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 X

8. Primary Personal Email (Not your government email address) Opt Out Email

9. Name of Agency

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.

Signature of Employee Date Signed MM/DD/YY / /

Gender (Optional) F M 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.**

