

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**VOLUNTARY DEDUCTION / CANCELLATION OF AFGE UNION DUES**

**INSTRUCTIONS:** Sections I, II, and IV are to be completed by employee. Section III must be completed by the AFGE Local Representative, and Section V will be completed by TSA's Human Capital office. Please type or print the required information in the spaces below. Human Resources/Payroll Specialist will retain the original and provide a copy to the employee.

<b>SECTION I. Employee Information</b>			
Last Name:	First Name:	SSN: <i>(full)</i>	
Home Address: <i>(Number and Street)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Contact Number:	Airport Code/Office:		
Personal email address: <i>(optional)</i>			
<b>SECTION II. Voluntary Deduction Request</b>			
Labor Organization – <b>American Federation of Government Employees (AFGE)</b>			
Action Requested: <i>(check only one box)</i>			
Establish AFGE Dues Deduction <small>Employees must contribute dues for a minimum of one (1) year.</small>		Cancel AFGE Dues Deduction - <small>Cancellations must be submitted during the time frame specified in Section IV.</small>	
<b>SECTION III. Union Representative Only</b>			
Amount to be Deducted Bi-weekly:		ID or Local Number: <i>(if applicable)</i>	
Union Representative Name		Union Representative Signature	Date
<b>SECTION IV. Employee Acknowledgment</b>			
<p>I hereby authorize TSA to deduct from my pay each pay period the amount certified above as the regular dues of the AFGE Local, and to remit such amount to AFGE in accordance with its arrangements with TSA. I understand that this authorization will become effective the pay period following its receipt in the TSA Payroll Office. I understand that the AFGE has the right to change the amount to be deducted when certified by AFGE at any given time after my membership begins. I further understand I must resubmit this form to cancel dues deductions for AFGE, and that I may only cancel this dues deduction after my initial one-year anniversary membership date or upon my selection to a position not covered by the bargaining unit. I fully understand that after completing my initial one (1) year of contributions, I can cancel my contributions within two (2) pay periods prior to or two (2) pay periods after my anniversary membership date each year. Cancellations relating to a position change can be submitted upon the effective date of this action. Cancellations will be effective the first full pay period after the form is received in the TSA Payroll Office. Bargaining unit employees who have elected to have dues withheld, who are reassigned from one airport to another, will continue to have dues withheld.</p>			
Signature		Date	
<b>SECTION V. TSA Payroll Office Use ONLY</b>			
Voluntary Deduction Code:		Collection Code:	
<p><b>TSA Payroll Office Processing Instruction – Forward to:</b>  TSA ServeU Human Capital Service Center  6363 Walker Lane  Suite 400  Alexandria, VA 22310  Email: <a href="mailto:Helpdesk@mailserver-hraccess.tsa.dhs.gov">Helpdesk@mailserver-hraccess.tsa.dhs.gov</a>  Fax: 1-877-872-7993</p>			

**PRIVACY ACT STATEMENT: AUTHORITY:** 49 U.S.C. § 114(n); E.O. 9397. **PRINCIPAL PURPOSE(S):** To request that union dues be deducted from your pay, or cancel union dues from being deducted from your pay, and notify AFGE accordingly. **ROUTINE USE(S):** Information may be shared with the Department of the Treasury, with employees of AFGE, or for other 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. **Your SSN is requested by AFGE for reporting requirements.** Supplying your SSN is voluntary, but failure to provide it may result in inability to process your payroll deduction/cancellation request.