## REQUEST FOR PAYROLL DEDUCTION FOR LABOR ORGANIZATION DUES

Name of Employee (Print or Type - Last, First, Middle)	2. Employee Identification Number (SSN or Other) PIN #	3. Timeke	eper Number
4. Home Address (Street Number, City, State and ZIP Code)	5. Name of Agency (Include Bureau, Division, Branch or Other Designation)		
	United States Capito	l Police	3
SECTION A - For	Use By Labor Organization		
Name of Labor Organization (Indicate Local, Branch, Loc	dge or Other Appropriate Identification)		
USCP/FOP Labor Committee			
hereby certify that the regular dues of this organization  \$	n for the above named member are currently ndar month). (Strike out whichever period is		
Signature and Title of Authorized Official		Date ((Month, Day, Year)	
SECTION B - AL	ithorization by Employee		
hereby authorize the above named agency to deduct from the amount certified above as the regular dues of the (N	ame of Labor Organization):		
authorize any change in the amount to be deducted which change in its dues structure.	· · · · · · · · · · · · · · · · · · ·		•
understand that this authorization, if for a biweekly ded he payroll office of my employing agency. I further undo Organization Dues is available from my employing agency written cancellation request with the payroll office of my e antil the first full pay period which begins on or after the cancellation is received in the payroll office.	erstand that CP-1188, Cancellation of Payro, and that I may cancel this authorization by femploying agency. Such cancellation will not	II Deduction illing CP-1 be effective	ons for Labor 188 or other ve, however,
Employees are advised that they may utilize any available of the union's role as collective bargaining representation rievance adjustments.			
Contributions or gifts (including dues) to the labor organizations or gifts (including dues) to the labor organizations or gifts (including dues) to the labor organizations or gifts (including dues).		haritable c	ontributions.
Signature of Employee	•	·Date (Month, Day, Year)	
FOR COMPLETION BY AGENCY ONLY - The above nan the requirements for dues withholding (Mark the approp payroll. If "NO", return this form to the labor organizat	oriate box. If "YES", send this form to	YES	· NO