Standard Form 1188
Revised January 1979

Office of Personnel Management
FPM Chapter 560

CANCELLATION OF PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Privacy Act Statement

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 stop labor organization dues from being deducted from your pay and to notify the labor organization that the dues will be no longer deducted. Completing this form is voluntary, but it may not b e processed if all requested information is not provided.

This record may be disclosed outsid e your agency to: 1) the Department of 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 appropriated government agency if the Government is party to a legal suit; 4) to an appropr iate 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; 6) other Federa l 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 this payroll action 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.

1. Name or Employee (Print - Last, First, Middle)	2. Employee I.D. Number (Social Security or other)
3. Agency Name (Include Bureau, Division, Branch, or other Designation)	4. Timekeeper Number
5. Name of Labor Organization	6. Cancellation Date (Completed by agency only)

I hereby cancel my authorization for the deduction of dues for the above labor organization from my pay. I understand that this cancellation will become effective on the first full pay period which begins on or after the next established cancellation date (indicated above) after this request is received in my agency payroll office.

7. Signature of Employee	8. Date (Month, Day, Year)

(Submit copies 1 and 2 to agency payroll office. Copy 1 is retained f or payroll records and Copy 2 is forwarded by the payroll office to the labor organization in accordance with the arrangement between the agency and the labor organization. Copy 3 is retained by the employee.)

1. Agency Payroll Copy 2. Labor Organization Copy 3. Employee Copy