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 12/22/19 - 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
**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.**

<table>
<thead>
<tr>
<th>1. Last Name</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Home Address</th>
<th>Unit #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City | State | Zip code | 3. Employee SSN |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Date of Birth - MM/DD/YY

5. Home Phone Number

6. Personal Cell Phone Number (preferred)

7. Office Phone Number | Extension |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

9. Name of Agency

**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

Council # (if applicable) | Local # |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 and Title of Authorized Official**

Date Signed MM/DD/YY

**Gender (Optional)**

F | M | Other

Yes | No

**Name of Labor Organization (Indicate Local)**

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO, LOCAL

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

**Section B - For Use by Labor Organization**

I hereby certify that I have received a rebate from Local_______ in the amount of ____________

Name ___________________ Signature ___________________ Date ____________

**Fax to**

**Membership Type**

Full-time | Part-time

**Notes**

**REBATE REQUEST FORM** *

I hereby certify that I have received recruiter bonus from Local_______ in the amount of ____________

Recuriter Name ___________________ Signature ___________________ Date ____________

Recruiter SSN ___________________ Local # ___________________

Current Address ____________________________________________
City ______________________ State ______ Zip ___________

*IRS Form 1099 or W-2 will be issued based on current income tax laws by the payer.