

# Request for Payroll Deductions For Professional Organization Dues

**PMA Union Code 14  
Local Code 0001**

### 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 request that labor organization dues be deducted from your pay and to notify your professional 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 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 agency 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 professional 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.

1. Name of Employee (Last, First, MI)	2. Employee ID (Social Security Number)	3. Timekeeper No.  <b>Not Applicable</b>
4. Home Address (Street, City, State and Zip Code)		5. Name of Agency (Organizational Symbols)

### Section A – For use by Professional Association

**Name of Organization:**

Professional Managers Association  
PO Box 77235, National Capital Station  
Washington, DC 20013-7235

**If problems, call:**

202-874-1508 (voice)  
202.874.1739 (fax)

I hereby certify that the regular dues of this organization for the above named member are currently established at \$3.50 per biweekly pay period.

**Signature and Title of Authorized Official**

**Date (Month, Day, Year)**



January 20, 2010

### Section B – Authorization by Employee

I hereby authorize the above named agency to deduct from my pay each pay period the amount certified above as the regular dues of the Professional Managers Association and to remit such amount to that professional organization in accordance with its arrangement with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named professional 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.

Signature of Employee: _____	Date: (Month, Day, Year) _____
Please sign the form above and fill in the following for our membership records:	
Telephone (Voice Mail) Number: _____	
E-Mail: _____	
Business Unit: _____	
Position: _____	
Sponsor: _____	