

# **Cancellation of Organization Dues From Payroll Withholdings**

(See Privacy Act Statment on Reverse)

PART A — Completed by Employee (Please Print)			
Employee Name (Last, First, MI)	2. Social Security Number		
Employee traine (East, Filet, Mil)	2. Coolai Godanty Hamison		
O. D. al Office TWALE and Old In	A Part Office France No.		
3. Post Office™ Name and State	4. Post Office Finance Number		
5. Name of Organization and Code (See reverse side for organizations and codes)	6. Employee's Dues Deduction Anniversary	Date	
7. I hereby certify that I sent copy 3 of this cancellation to the above			
named organization's national office VIA CERTIFIED MAIL® on this			
date,, as notice of my intention			
to discontinue payroll withholdings. Notice must be received within			
the required window period (see ELM, Chapter 9). Notice to the			
organization must be sent by Certified Mail® to organization's	Employee Must Sign &	Date (Mo. Da	av Year)
national office, as directed in ELM, Chapter 9.	Employee Made eight a	Date (Mo., Di	ay, roar
PART B — Completed by Employing Office			
Date Form Received in the Employing Office:			
, , , , , , , , , , , , , , , , , , ,	Original and Copy 2 Will Be Separated by	y Processin	g Center
DARTO O LIVIU D			
PART C — Completed by Processing Center			
1. Date Form Received (Mo., Day, Year)			
T. Bato Form Flooring (inc., Bay, Total)			
2. Organization Code			
			<del></del>
3. Effective Pay Period — Year			
4. Date Processed (Mo., Day, Year)			
5. Verified By (Initials)			
5. Verified by (Initials)			
6. Form Will Not Be Processed and Is Being Returned to the Employee Because	e:		
Not received within the required 20-10 day window period (see notice in F	Part A no 7)		
	art A., 110. 1).		
Not currently enrolled in the organization shown.			
Form incomplete. See item			
<u> </u>			
Explain:			
	FOR DDE/DR USE	D/D	Initiala
	Entered By	P/P	Initials

## **Privacy Act Statement**

Your information will be used to satisfy your request regarding allotments from your salary. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1003, 1004, 1005, 1206, and 29 U.S.C. 2601 et seq.

Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by the USPS. For more information regarding our privacy policies, visit www.usps.com/privacypolicy.

Organizations and Codes			
Recognized Bargaining Agents	Code	Other Labor Organizations	Code
POSTAL POLICE OFFICERS ASSOCIATION PO BOX 5187 CHICAGO IL 60680-5187	С	AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO 80 F STREET NW WASHINGTON DC 20001-1528	A
NATIONAL POSTAL PROFESSIONAL NURSES 4502 SPRUCE KNOLL LANE INDIANAPOLIS IN 46220-6332	D	NATIONAL ALLIANCE OF POSTAL EMPLOYEES 1628 11TH STREET NW WASHINGTON DC 20001-5011	E
NATIONAL POSTAL MAIL HANDLERS UNION 1101 CONNECTICUT AVENUE NW SUITE 500 WASHINGTON DC 20036-4304	н	Supervisory and Managerial Organizations	
NATIONAL ASSOCIATION OF LETTER CARRIERS, AFL-CIO 100 INDIANA AVENUE NW WASHINGTON DC 20001-2196	L	UNITED POSTMASTERS AND MANAGERS OF AMERICA 8 HERBERT STREET ALEXANDRIA VA 22305-2600	Р
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION 1630 DIKE STREET FL 4 ALEXANDRIA VA 22314-3465	R	NATIONAL ASSOCIATION OF POSTAL SUPERVISORS 1727 KING STREET SUITE 400 ALEXANDRIA VA 22314-2753	s
AMERICAN POSTAL WORKERS UNION, AFL-CIO 1300 L STREET NW WASHINGTON DC 20005-4128	w	USPS HUMAN RESOURCES SHARED SERVICE CENTER PO BOX 970400 GREENSBORO NC 27497-0400	



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6. Form Will Not Be Processed and Is Being Returned to the Employee Becar	use:		
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Form incomplete. See item			
Explain:			
	FOD DDF (DD ) (CF		
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Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and records pertaining to supervisors and postmasters may be disclosed to supervisory and other managerial organizations recognized by the USPS. For more information regarding our privacy policies, visit www.usps.com/privacypolicy.

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