## REQUEST AND AUTHORIZATION FOR VOLUNTARY ALLOTMENT OF COMPENSATION FOR PAYMENT OFASSOCIATION DUES

NAME OF EMPLOYEE (Print, Last Name, First, Middle)	IDENTIFICATION NO. (Social Securi	ty Number)
HOME ADDRESS (Street and Number)	(City and State)	(ZIP Code)

AGENCY (Include Bureau, Division, Branch or other Designation)

## Section A—FOR USE BY ORGANIZATION

NAME OF ORGANIZATION (Indicate local, branch, lodge or other appropriate identification)

## FAA MANAGERS ASSOCIATION Payroll Code # 101

I hereby certify that the regular dues of this organization for the above named member are currently established at 0.45% (Percentage of base pay per biweekly pay period).

SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL DATE

## 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 *FAA Managers Association* and to remit such amounts to that organization in accordance with its arrangements with my employing agency. I further authorize any changes in the amount to be deducted which is certified by the above named 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 revocation forms, Standard Form No. 1188; Revocation of Voluntary Authorization for Allotment of Compensation for Payments of Organization Dues, are available from my employing agency and that I may revoke this authorization at any time by filing such a revocation form or other written revocation request with the payroll office of my employing agency. Such revocation will not be effective however until the first full pay period which begins on or after June 1 (*stated 6 month intervals*) of any calendar year, whichever date occurs after the revocation is received in the payroll office.

SIGNATURE OF EMPLOYEE

DATE