

UNITED STATES POSTAL SERVICE
AUTHORIZATION FOR DEDUCTION OF DUES

PLEASE PRINT LEGIBLY

Converting from Direct Pay to Dues Withholding [ ]

PLEASE PRINT LEGIBLY

(All information required)

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (Last, First, Initial) \_\_\_\_\_

STREET \_\_\_\_\_

(Home Address Only - DO NOT USE WORK ADDRESS)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Grid for Social Security Number with dashes in the 4th and 7th positions.

SOCIAL SECURITY NUMBER (Required)

(Required)

Grid for USPS Employee ID Number and Finance Number with dashes in the 4th and 7th positions.

USPS EMPLOYEE ID NUMBER (Required)

FINANCE NUMBER AS LISTED ON PAY STUB

NON-GOVERNMENT EMAIL (Optional)

HOME PHONE (Optional)

Grid for Non-Government Email with an @ symbol in the center.

Grid for Home Phone with dashes in the 4th and 7th positions.

I hereby authorize the United States Postal Service (USPS) to deduct from my pay each pay period the amount certified below as the regular dues of the National Association of Postal Supervisors (NAPS), which includes a yearly subscription for The Postal Supervisor magazine as part of the membership dues, and to remit such amounts to that organization in accordance with its arrangements with USPS. I further authorize any change in the amount to be deducted which is certified by NAPS as a uniform change in its dues structure.

I understand that this authorization will become effective the pay period received by the HR Shared Service Center (HRSSC), PO Box 970400, Greensboro, NC 27497-0400 or following pay period. I further understand that my dues may only be canceled either by separation from the USPS or by using USPS PS Form 1188, Cancellation of Organization Dues from Payroll Withholdings, and that I may revoke this authorization at any time by filing the original of such a revocation form with the USPS HRSSC, PO Box 970400, Greensboro, NC 27497-0400. PS Form 1188 is available on the USPS Intranet on the Forms page. Such revocation will not be effective however until the first full pay period following March 1st or September 1st of any calendar year, whichever date first occurs after the PS Form 1188 is received in the HRSSC. (See ELM Section 925 for full explanation of Cancellation of Dues Withholding guidelines.) Additional information may be obtained by calling HRSSC at 1-877-477-3273 option 5.

Dues to the National Association of Postal Supervisors are not deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

SIGNATURE OF EMPLOYEE, POST OFFICE TITLE AND LEVEL \_\_\_\_\_ DATE \_\_\_\_\_

NATIONAL ASSOCIATION OF POSTAL SUPERVISORS BRANCH NUMBER \_\_\_\_\_

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

\_\_\_\_\_  
Title \_\_\_\_\_  
SIGNATURE AND TITLE OF BRANCH OFFICER Optional DATE \_\_\_\_\_

NAPS SPONSOR (If applicable - all information required) PLEASE PRINT LEGIBLY

SPONSOR'S NAME \_\_\_\_\_ BRANCH # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

ORIGINAL - SEND TO: NAPS Branch 100 - 421 8th Ave. Room WC 036 - New York, NY 10199

RETAIN ONE COPY FOR BRANCH RECORDS
GIVE ONE COPY TO EMPLOYEE