Standard Form 1187   # Request For Payroll Deductions for the Bremerton Metal Trades Council

Revised June 2004

Section 5525 of Title 5 United State 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 function (without your personal identification).

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 (Print or Type – Last Name, First, Middle)	2. Badge No.	3. Shop/Code No.

4. Mailing Address (Number, Street, City, State, Zip Code)

5. Date of Birth (MM/DD/YYYY)	6. Home Phone	7. Work Phone

8. Pay Plan (Grade/Step)	9. Job Title	10. Email Address

11. Name of Unit	12. Organizer
PSNS **X** TRF DDPW DLA NUWC	

Section A – For Use By The BMTC

13. Name of Local Union	*	15. I hereby certify that the regular dues of this organization for the above-named member are currently established at the allotment as indicated in Block 14. (Total per Pay Period)
Bremerton Metal Trades Council	14. Union Dues $_____ Code _____ Standard Dental $_____ Code _____ Willamette Dental $_____ Code _____ Standard Vision $_____ Code _____ Total Per Pay Period $_____	*Payments of these sums are not deductible as charitable contributions for Federal Income Tax purposes.

Signature of Local Union Official	Date	Signature of BMTC President	Date

Section B – Authorization by Employee

I hereby authorize the above-named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization) 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 above 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.

Signature of Employee	Date

Section C – For Agency Use Only

The above named employee and labor organization meet the requirements for dues withholding. Mark the appropriate box. If "Yes" send this form to payroll. If "No" return this form to the BMTC.	Yes	No

BMTC October 2018