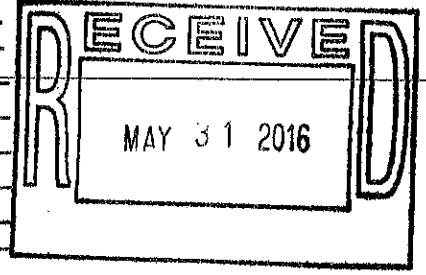


LABOR RELATIONS



NOTED
 PRES: *Board 5-1-16*
 EXEC VP: _____
 SECY: _____

 To File



May 26, 2016

Board

Mr. Louis M. Atkins
 President
 National Association of Postal Supervisors
 1727 King Street, Suite 400
 Alexandria, VA 22314-2753

Dear Louis:

This is in further reference to our April 28, letter concerning the redesign of PS Form 1188,
Cancellation of Organization Dues from Payroll Withholdings.

We have enclosed a copy of the redesigned form.

Please contact Bruce Nicholson at 7773 if you have questions concerning this matter.

Sincerely,

Alan S. Moore
 Manager
 Labor Relations Policy and Programs

Enclosure



Cancellation of Organization Dues From Payroll Withholdings

(See Privacy Act Statement on Reverse)

Part A — Completed by Employee

1. Employee Name (Print -- Last, First, MI)	2. Social Security Number
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 national office, as directed in ELM, Chapter 9.

Employee Must Sign & Date (Mo., Day, Year)

Part B — Completed by Employing Office

Date Form Received in the Employing Office:	Original and Copy 2 Will Be Separated by Processing Center
---	--

Part C — Completed by Processing Center

1. Date Form Received (Mo., Day, Year)	
2. Organization Code	
3. Effective Pay Period -- Year	
4. Date Processed (Mo., Day, Year)	
5. Verified By (Initials)	

6. Form Will Not Be Processed and Is Being Returned to the Employee Because:

- Not received within the required 20 - 10 day window period (see notice in Part A, no. 7).
- Not currently enrolled in the organization shown.
- Form Incomplete. See item _____.
- Explain: _____

FOR DDE/DR USE

Entered By	P/P	Initials
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Privacy Act Statement

The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; and 5 USC 8339. This information will be used to satisfy your request regarding allotments from your salary. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel and other matters within their jurisdiction; to a labor organization as

required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Pub. L. 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to a prospective employer for consideration of employment; to management for compilation of a local seniority list for posting; to the EEOC for enforcement of Federal EEO regulations; to the appropriate finance center as required under the provisions of the Dual Compensation Act; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary. However, if this information is not provided, your desire to effect allotment changes cannot be honored.

Organizations and Codes

<u>Recognized Bargaining Agents</u>	<u>Code</u>	<u>Other Labor Organizations</u>	<u>Code</u>
FRATERNAL ORDER OF POLICE LABOR COUNCIL 2 PO BOX 514072 LOS ANGELES CA 90051-2072	C	AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO 80 F STREET NW WASHINGTON DC 20001-1528	A
NATIONAL POSTAL PROFESSIONAL NURSES PO BOX 1605 TEMPLE HILLS MD 20757-1605	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	H		
NATIONAL ASSOCIATION OF LETTER CARRIERS, AFL-CIO 100 INDIANA AVENUE NW WASHINGTON DC 20001-2196	L	<u>Supervisory and Managerial Organizations</u> NATIONAL LEAGUE OF POSTMASTERS OF THE UNITED STATES ONE BELTWAY CENTER 5904 RICHMOND HIGHWAY, SUITE 500 ALEXANDRIA, VA 22303-1864	N
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION 1630 DUKE STREET FL 4 ALEXANDRIA VA 22314-3465	R	NATIONAL ASSOCIATION OF POSTMASTERS OF THE UNITED STATES 8 HERBERT STREET ALEXANDRIA VA 22305-2600	P
AMERICAN POSTAL WORKERS UNION, AFL-CIO 1300 L STREET NW WASHINGTON DC 20005-4128	W	NATIONAL ASSOCIATION OF POSTAL SUPERVISORS 1727 KING STREET SUITE 400 ALEXANDRIA VA 22314-2753	S
HRSSC P.O. BOX 100 GREENSBORO, NC 27497-0100			



Cancellation of Organization Dues From Payroll Withholdings

(See Privacy Act Statement on Reverse)

Part A — Completed by Employee

1. Employee Name (Print -- Last, First, MI)	2. Social Security Number
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 national office, as directed in ELM, Chapter 9.

Employee Must Sign & Date (Mo., Day, Year)

Part B — Completed by Employing Office

Date Form Received in the Employing Office:	Original and Copy 2 Will Be Separated by Processing Center
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Part C — Completed by Processing Center

1. Date Form Received (Mo., Day, Year)	
2. Organization Code	
3. Effective Pay Period -- Year	
4. Date Processed (Mo., Day, Year)	
5. Verified By (Initials)	

6. Form Will Not Be Processed and Is Being Returned to the Employee Because:

- Not received within the required 20 - 10 day window period (see notice in Part A, no. 7).
- Not currently enrolled in the organization shown.
- Form incomplete. See item _____.
- Explain:

FOR DDE/DR USE

Entered By	P/P	Initials
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required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Pub. L. 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to a prospective employer for consideration of employment; to management for compilation of a local seniority list for posting; to the EEOC for enforcement of Federal EEO regulations; to the appropriate finance center as required under the provisions of the Dual Compensation Act; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs, health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal Retirement and insurance costs. Completion of this form is voluntary. However, if this information is not provided, your desire to effect allotment changes cannot be honored.

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NATIONAL POSTAL PROFESSIONAL NURSES PO BOX 1805 TEMPLE HILLS MD 20757-1605	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	H		
NATIONAL ASSOCIATION OF LETTER CARRIERS, AFL-CIO 100 INDIANA AVENUE NW WASHINGTON DC 20001-2196	L		
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION 1630 DUKE STREET FL 4 ALEXANDRIA VA 22314-3465	R		
AMERICAN POSTAL WORKERS UNION, AFL-CIO 1300 L STREET NW WASHINGTON DC 20005-4128	W		
HRSSC P.O. BOX 100 GREENSBORO, NC 27497-0100			
		<u>Supervisory and Managerial Organizations</u>	
		NATIONAL LEAGUE OF POSTMASTERS OF THE UNITED STATES ONE BELTWAY CENTER 5904 RICHMOND HIGHWAY, SUITE 500 ALEXANDRIA, VA 22303-1864	N
		NATIONAL ASSOCIATION OF POSTMASTERS OF THE UNITED STATES 8 HERBERT STREET ALEXANDRIA VA 22305-2600	P
		NATIONAL ASSOCIATION OF POSTAL SUPERVISORS 1727 KING STREET SUITE 400 ALEXANDRIA VA 22314-2753	S




Cancellation of Organization Dues From Payroll Withholdings

(See Privacy Act Statement on Reverse)

Part A — Completed by Employee

1. Employee Name (Print -- Last, First, MI)	2. Social Security Number
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