










Cancellation of APWU Dues From Payroll Withholdings

(See Privacy Act Statement on Reverse)

Part A — Completed by Member

1. Member's Name (Print — Last, First, MI)		2. Social Security Number
3. Post Office Name and State	4. Post Office Finance Number	5. Dues Deduction Anniversary Date
6. Check One if Applicable <input type="checkbox"/> Transferred to Another Craft _____ (Craft and Date) <input type="checkbox"/> Promoted to Management _____ (Position and Date) <input type="checkbox"/> Rehired as a Transitional Employee _____ (Rehire Date)		7. Member Authorization to Cancel APWU Dues From Payroll Withholdings  _____ Member Must Sign & Date (Mo., Day, Year) Notice must be sent by certified mail and received by the APWU within the required window period (see ELM, Chapter 9 and note below). Mail to: AMERICAN POSTAL WORKERS UNION AFL-CIO 1300 L ST NW WASHINGTON DC 20005-4128

Part B — Completed by APWU Headquarters

Postmark (Mo., Day, Year)	
Date Form Received (Mo., Day, Year)	
Pay Period to Be Cancelled	
Date Processed (Mo., Day, Year)	
Processed By (Initials)	
Anniversary Date (Mo., Day, Year)	

Form Has Not Been Processed and Is Being Returned to the Member Because:

- Form not received within the required 20 - 10 day window period.
- Member not currently enrolled in the APWU.
- Form not sent certified.
- Form incomplete. See item _____.

Explain:

NOTE: The window period is not more than twenty (20) days and not less than ten (10) days prior to the expiration of the union anniversary date each year.

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.









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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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