

**STATE OF OHIO  
ADJUTANT GENERAL'S DEPARTMENT  
2825 West Dublin Granville Road  
Columbus, Ohio 43235-2789**

15 November 2016

MEMORANDUM FOR

SUBJECT: Union Dues Allotment Process Policy

1. **Allotment Creation.** Some Ohio National Guard technician positions are Bargaining Unit Status (BUS) eligible positions, and as such, the incumbent filling these positions is authorized union representation by AFGE Local 3970. Payment of union dues through payroll deductions is not required but may be authorized by a technician in a BUS position. Union dues allotments are processed consistent with DoD FMR 7000.14R, Volume 8, Chapter 11. They are initiated on Standard Form (SF) 1187, Request for Payroll Deductions for Labor Organization Dues (Rev.1989) (**Enclosure 1**). Similar forms produced by labor organizations will not be used.

2. **Deduction Processing.**

a. Army Technicians:

(1) The technician initiates the process by completing blocks 1-5 of the SF 1187, including his/her timekeeper's number. Then, using a memorandum similar to **Encl 2**, waiving Privacy Act rights in the technician's Social Security Account Number (SSAN), the technician sends the form to AFGE Local 3970 for completion of Section A by the union.

(2) After completing Section A, AFGE Local 3970 returns the form to the technician, who signs the form after identifying the labor organization as AFGE Local 3970.

(3) The technician then submits the form to the Human Resources Office (HRO) via E-mail at [ng.oh.oharng.list.ngoh-j1-hro-lr@mail.mil](mailto:ng.oh.oharng.list.ngoh-j1-hro-lr@mail.mil). The HRO will confirm whether or not the technician is in a BUS position. If the technician is occupying a BUS position, HRO will annotate this on the SF 1187 and forward it to the agency payroll office. If the technician is not in a BUS position, HRO will annotate this on the SF 1187 and return it to the union.

(4) The agency payroll office will process the deduction and then distribute Copy 1 to the Technician Pay Office; Copy 2 to AFGE Local 3970 and Copy 3 to the technician. The technician payroll office will maintain their copy of the SF 1187 for at least the duration of the technician's employment. Per the DoDFMR, the allotment is effective on the date shown in the Defense Civilian Pay System (DCPS). That date is thereafter the "anniversary date" as further discussed below.

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(5) If Copy 1 is not administratively complete and correct, the Technician Pay Office notifies the technician and the timekeeper to make the needed corrections before establishing the allotment and any corrected copies will be furnished to AFGE Local 3970 and to the technician.

b. Air Technicians:

(1) The technician initiates the process by completing blocks 1-5 of the form, including his/her timekeeper's number. Then, using a memorandum similar to Encl 2, waiving Privacy Act rights in the technician's Social Security Account Number (SSAN), the technician sends the form to AFGE Local 3970 for completion of Section A by the union.

(2) After completing Section A, AFGE Local 3970 returns the form to the technician, who signs the form after identifying the labor organization as AFGE Local 3970.

(3) The technician then submits the form to the Human Resources Office Remote (HRO Remote) located within the Force Support Squadron of their servicing wing. The HRO Remote will confirm whether or not the technician is in a BUS position. If the technician is occupying a BUS position, the HRO remote will annotate this on the SF 1187 and forward it to the wing comptroller flight. If the technician is not in a BUS position, the HRO Remote will annotate this on the SF 1187 and return it to the union.

(4) The wing comptroller flight will process the deduction and then distribute Copy 1 to the Air Technician Pay Office within the comptroller flight; Copy 2 to AFGE Local 3970 and Copy 3 to the technician. The comptroller flight will maintain their copy of the SF 1187 for at least the duration of the technician's employment. Per the DoD FMR, the allotment is effective on the date shown in the Defense Civilian Pay System (DCPS). That date is thereafter the "anniversary date" as further discussed below.

(5) If Copy 1 is not administratively complete and correct, the wing comptroller flight notifies the technician and the timekeeper to make the needed corrections before establishing the allotment and any corrected copies will be furnished to AFGE Local 3970 and to the technician.

**3. Allotment Termination due to promotion or transfer to a non-BUS position.** Under 5 USC 7115 and DoD FMR 7000.14R, Volume 8, Chapter 11, union dues allotments terminate on promotion or transfer out of the Bargaining Unit. Once a promotion or transfer is processed in HRO, and a technician is moved from a BUS position to a non-BUS position, the HRO will complete an SF 1188, Cancellation of Payroll Deductions for Labor Organization Dues (Rev. 2011) (**Enclosure 3**), to terminate the union dues allotment. The HRO will forward this form to the respective agency payroll office (Army) or wing comptroller flight (Air) to terminate the deductions effective the promotion/transfer date.

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**4. Voluntary Allotment Termination.** A technician may voluntarily terminate a union dues allotment on the anniversary date of the allotment as shown in the DCPS. If the date is not in the DCPS, the date may be entered into the DCPS from a SF 1187 or other pay record such as a Leave and Earnings Statement. If no SF 1187 or other record is available to determine the anniversary date, and no new SF 1187 is initiated, the dues allotment will be terminated for lack of documentation NLT 30 days after the lack of documentation is determined. A dues allotment termination request will usually be on a SF 1188 but use of that form is not required. A memorandum capturing the required information may substitute for SF 1188. The termination of dues allotment will be completed as follows:

a. If a SF 1188 is used, the technician completes blocks 1-6 and 8-9. The technician then submits the SF 1188 or dues cancellation request memorandum to NGOH-HRO-T (Army) at [ng.oh.oharng.list.ngoh-j1-hro-lr@mail.mil](mailto:ng.oh.oharng.list.ngoh-j1-hro-lr@mail.mil) or the Human Resources Office Remote (HRO Remote) located within the Force Support Squadron of their servicing wing (Air).

b. The HRO (Army) or the HRO remote (Air) will validate the anniversary date within DCPS or with the respective payroll office or comptroller flight. The HRO or HRO Remote will then provide the SF 1188 or dues cancellation memorandum to the respective payroll office or comptroller flight.

c. The payroll office or comptroller flight will terminate the deduction on or after the anniversary date, then retain Copy 1 in the Technician Pay Office, provide Copy 2 to AFGE Local 3970 and Copy 3 to the technician. The technician payroll office will maintain their copy of the SF 1188 for at least the duration of the technician's employment.

d. If Copy 1 is not administratively complete and correct, the Technician Pay Office notifies the technician and timekeeper to make the needed corrections before the dues allotment is cancelled. Corrected copies will then be furnished to AFGE Local 3970 and to the technician.

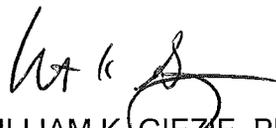
5. This process replaces and supersedes the Agreement between the HRO and AFGE Local 3970.

6. The point of contact for this memorandum is CPT Daryl Scott, Technician Branch Manager at (614) 336-7121.

FOR THE ADJUTANT GENERAL:

3 Encls:

1. SF 1187
2. SF 1188
3. Sample memo waiving,  
Privacy Act Rights in SSAN



WILLIAM K. GIEZIE, PE, Col, OHANG  
Director of Human Resources

## CANCELLATION OF PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

### Privacy Act Statement

Section 5525 of Title 5, United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to stop labor organization dues from being deducted from your pay and to notify the labor organization that the dues will be no longer deducted. 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 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 appropriated government agency if the Government is party to a legal suit; 4) to 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; 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the Social Security Number (SSN) as an Individual Identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that this payroll action cannot be processed.

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 or Employee (Print - Last, First, Middle)	2. Employee I.D. Number (Social Security or other)
3. Agency Name (Include Bureau, Division, Branch, or other Designation)	4. Timekeeper Number
5. Name of Labor Organization	6. Reason for Cancellation (promotion, voluntary action, etc.)—to be completed by agency only
7. Effective date of cancellation—to be completed by agency only	

I hereby cancel my authorization for the deduction of dues for the above labor organization from my pay. I understand that this cancellation will become effective on the first full pay period which begins on or after the next established cancellation date (indicated above) after this request is received in my agency payroll office.

8. Signature of Employee	9. Date (Month, Day, Year)
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(Submit copies 1 and 2 to agency payroll office. Copy 1 is retained for payroll records and Copy 2 is forwarded by the payroll office to the labor organization in accordance with the arrangement between the agency and the labor organization. Copy 3 is retained by the employee.)

1. Agency Payroll Copy

2. Labor Organization Copy

3. Employee Copy

# REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

## Privacy Act Statement

Section 5525 of Title 5 United States 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 functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

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 ( <i>Print or Type-Last, First, Middle</i> )	2. Employee Identification Number ( <i>SSN or Other</i> )	3. Timekeeper Number
4. Home Address ( <i>Street Number, City, State and ZIP Code</i> )	5. Name of Agency ( <i>Include Bureau, Division, Branch or Other Designation</i> )	

### Section A-For Use By Labor Organization

Name of Labor Organization (*Include Local, Branch, Lodge or Other Appropriate Identification*)

I hereby certify that the regular dues of this organization for the above named member are currently established at \$ _____ per	( <i>biweekly pay period</i> ) ( <i>calendar month</i> ). ( <i>Strike out whichever period is not appropriate, based on arrangement with the employee's agency.</i> )
Signature and Title of Authorized Official	Date ( <i>Month, Day, Year</i> )

### 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.

Contributions or gifts (including dues) to the labor organization shown at left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee	Date ( <i>Month, Day, Year</i> )	
<b>FOR COMPLETION BY AGENCY ONLY-</b> 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 labor organization.)	YES	NO

**1-Agency Copy**

**2-Labor Organization Copy**

**3-Employee Copy**

MEMORANDUM FOR LOCAL 3970, AFGE, PO BOX 297, WATERVILLE, OHIO 43556

SUBJECT: Union Dues Allotment

1. I am attaching a partially-completed SF 1187 to initiate a dues allotment. I expressly release my SSAN to the Union Labor for the purpose of establishing this dues allotment.
2. Please complete the remaining blocks of Section A and return the form to me after it is appropriately signed and dated. Use of government mail has been authorized for this purpose.

(Employee signature block)