

Form 1158-1 Help Guide: Voluntary Deduction/Cancellation of AFGE Union Dues

Purpose of this Form: To request that the union dues be deducted from your pay or cancel union dues from being deducted from your pay.

Directions:

1. To help prevent common mistakes that often lead to paperwork rejection, follow along with the **4 checkboxes below** as you complete your form.
2. All forms should be the current form from <https://www.afge.org/globalassets/documents/1158.pdf>
3. After completing, deliver the form using one of the following options:
 - Paper mail Address to:
TSA HCAccess HCSC
6363 Walker Lane, Suite 400,
Alexandria, VA 22310
 - Email: helpdesk@hraccess-mailserver.tsa.dhs.gov
 - Fax: 1-877-872-7993

Section 1) Did you remember to fill out the following **mandatory** fields?

- Last Name
- First Name
- SSN (last 4 digits)
- Home Address
- City
- State
- Zip Code
- Contact number

- Airport code/Office

Section 2) Did you remember to check only **one** box?

Section 3) The following fields are mandatory for the Union Representative **only**. The employee does **NOT** complete this section.

- Amount to be deducted bi-weekly
- Name
- Signature
- Date

ID or Local Number is not required if the eligible employee moves to a position outside the bargaining unit.

Section 4) Did you remember to sign and date the form?

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

VOLUNTARY DEDUCTION / CANCELLATION OF AFGE UNION DUES

INSTRUCTIONS: Sections I, II, and IV are to be completed by employee. Section III must be completed by the AFGE Local Representative, and Section V will be completed by the TSA Office of Human Capital (OHC) HRAccess. Please type or print the required information in the spaces below. Human Resources/Payroll Specialist will retain the original and provide a copy to the employee.

SECTION I. Employee Information			
Last Name:	First Name:	SSN: <i>(full)</i>	
Home Address: <i>(Number and Street)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
Contact Number: () -		Airport Code/Office:	
Personal email address: <i>(optional)</i>			
SECTION II. Voluntary Deduction Request			
Labor Organization – <i>American Federation of Government Employees (AFGE)</i>			
Action Requested: <i>(check only one box)</i>			
<input type="checkbox"/> Establish AFGE Dues Deduction – <i>Employees must contribute dues for a minimum of one (1) year.</i>			
<input type="checkbox"/> Cancel AFGE Dues Deduction – <i>Cancellations must be submitted during the time frame specified in Section IV.</i>			
SECTION III. Union Representative Only			
Amount to be Deducted Bi-weekly: \$		ID or Local Number: <i>(if applicable):</i>	
Union Representative Name		Union Representative Signature	Date
SECTION IV. Employee Acknowledgment			
I hereby authorize TSA to deduct from my pay each pay period the amount certified above as the regular dues of the AFGE Local, and to remit such amount to AFGE in accordance with its arrangements with TSA. I understand that this authorization will become effective the pay period following its receipt in the TSA Payroll Office. I understand that the AFGE has the right to change the amount to be deducted when certified by AFGE at any given time after my membership begins. I further understand I must resubmit this form to cancel dues deductions for AFGE, and that I may only cancel this dues deduction after my initial one-year anniversary membership date or upon my selection to a position not covered by the bargaining unit. I fully understand that after completing my initial one (1) year of contributions, I can cancel my contributions within two (2) pay periods prior to or two (2) pay periods after my anniversary membership date each year. Cancellations relating to a position change can be submitted upon the effective date of this action. Cancellations will be effective the first full pay period after the form is received in the TSA Payroll Office. Bargaining unit employees who have elected to have dues withheld, who are reassigned from one airport to another, will continue to have dues withheld.			
Signature		Date	
SECTION V. TSA Payroll Office Use ONLY			
Voluntary Deduction Code:		Collection Code:	

TSA Payroll Office Processing Instructions – Forward to:

TSA HRAccess Shared Service Center
Metropole1, 2650 Park Tower Drive, Suite 201
Vienna, VA 22180-7300

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. § 114(n); E.O. 9397. **PRINCIPAL PURPOSE(S):** To request that union dues be deducted from your pay, or cancel union dues from being deducted from your pay, and notify AFGE accordingly. **ROUTINE USE(S):** Information may be shared with the Department of the Treasury, with employees of AFGE, or for other routine uses listed in the Transportation Security Administration's system of records notice, DHS/TSA 022 National Finance Center (NFC) Payroll Personnel System. **DISCLOSURE:** Voluntary; failure to furnish the requested information may result in an inability to process your request. **Your SSN is requested by AFGE for reporting requirements.** Supplying your SSN is voluntary, but failure to provide it may result in inability to process your payroll deduction/cancellation request.

Questions about this form?

Please contact the HCAccess Help Desk by phone at 1–877–872–7990, by fax at 1-877-872-7993, or by email at this [link](#). Live agents are available 7:00 a.m. to 10:00 p.m. Eastern Standard Time (EST) Monday through Friday, excluding Federal holidays, with additional hours for recruitment calls only from 11:00 a.m. to 3:00 p.m. EST Saturday and 12:00 p.m. to 4:00 p.m. EST Sunday.

