NAPS FORM 1187 | Rev. September 2020 | PLEASE PRINT LEGIBLY | (All information required)

UNITED STATES POSTAL SERVICE AUTHORIZATION FOR DEDUCTION OF DUES

Converting from Direct Pay to Dues Withholding

EMPLOYEE INFORMATION

EMPLOYEE'S NAME (Last, First, Initia	al)		_,					
STREET								
	(Home Address Only – D	O NOT USE WO	RK ADDRES	S)				
CITY	STATE		ZIP	+4				
SOCIAL SECURITY NUMBER (Required)								
USPS EMPLOYEE ID NUMBER (Required) FINANCE NUMBER AS LISTED ON PAY STUB (Required)								
			_		_			
NON-GOVERNMENT EMAIL (Optional)				HOME	PHONE (Opt	ional)		
USPS. I further authorize any change in the I understand that this authorization will 970400, Greensboro, NC 27497-0400 or separation from the USPS or by using that I may revoke this authorization a 970400, Greensboro, NC 27497-0400. From the effective however until the first date first occurs after the PS Form 11 Dues Withholding guidelines.) Additional Dues to the National Association of Post deductible as ordinary and necessary be	become effective the pay following pay period. I fur USPS PS Form 1188, Can at any time by filing the PS Form 1188 is available st full pay period following 88 is received in the HRS and information may be tal Supervisors are not decay.	period receiver ther understanding of some continuity on the USPS on the USPS March 1st SSC. (See ELM obtained by	ed by the l tand that Organizat uch a revo Intranet t or Septe Section 9	HR Shared S my dues n ion Dues fr ocation for on the For mber 1st of 25 for full of RSSC at 1-8	Service Cennay only be rom Payrol m with the ms page. S f any calen explanatio	ter (HRSSO canceled l Withhol USPS HR uch revoo dar year, n of Canc 3 option !	C), PO B l either dings, a SSC, PO ation w which ellation	Box r by and D Box will ever
SIGNATURE OF EMPLOYEE, POST OFFICE TITLE	E AND LEVEL					DA	ГЕ	
NATIONAL ASSOCIATION OF POST	TAL SUPERVISORS		В	RANCH N	UMBER_			
I hereby certify that the regular dues of for the above named member are curre		·	_ per pay	period.				
SIGNATURE OF BRANCH OFFICER (Optional)		-	TITLE			DA	TE	
NAPS SPONSOR (If applicable – all inform	mation required) PLEASE PRIN	IT LEGIBLY						
SPONSOR'S NAME		BRANCH #						
ADDRESS								
CITY		STATE			ZIP + 4			