

**ATTACHMENT "B"**

INSTRUCTION FOR UNION DUES DEDUCTION FORM Forms must be received by the end of the prior month before month to be deducted. Item Field

- |   |                          |          |  |
|---|--------------------------|----------|--|
| 1 | Action                   | -- 'C' = | Correction/Change to the amount to be deducted |
|   |                          | -- 'D' = | Deactivate deduction                           |
|   |                          | -- 'R' = | Reactivate deduction                           |
| 2 | Employee Name            |          | Enter employee's full name                     |
| 3 | Social Security Number-- |          | Enter employee's social security number        |
| 4 | Deduction                |          | Enter the amount to be deducted                |

NOTE: New member deductions will not be honored unless a properly prepared Wage Deduction Authorization Form, signed by the employee, is received by the Director, Payroll Operations. A revocation form is necessary when transferring from one labor organization to another and should accompany this form.

**NATIONAL RAILROAD PASSENGER CORPORATION**  
**PAYROLL DEDUCTION MAINTENANCE FORM**

TO: Director, Payroll Operations  
FROM:  
SUBJECT: Union Dues Deduction

Please deduct monthly the amount shown opposite the name of each employee listed beginning with the payroll month of \_\_\_\_\_, 19\_\_\_. If you have been previously advised to make a deduction from the employee listed, the amount shown will be a correction in the amount to be deducted.

EMPLOYEE

SECURITY