Employee Request to Stop Dues Deductions

Revocation of Authorization to Deduct Dues

Reset Form

Employee name

FOCUS ID number (or last four digits of SSN)

Employing County agency/department

-Select One-

Employee organization

-Select One-

SEIU VA 512 language (appears when SEIU VA 512 is selected above)

Requested effective date (Dues will cease at the end of a pay period after the request is processed.)

I hereby revoke authorization for Fairfax County Government to deduct dues from my earnings and transfer the deducted dues to the employee organization selected above.

Email the completed and signed form to DHRPayrollServices@fairfaxcounty.gov and HRLaborRelations@fairfaxcounty.gov, or deliver it to DHR - Payroll, 12000 Government Center Parkway, Suite 270, Fairfax, Virginia 22035.

Employee signature

Date