

Canadä

AFFIDAVIT

OBJECTION ON GROUNDS OF CONSCIENCE TO DUES CHECK-OFF

VOLUNTARY RESPONSE - ESSENTIAL TO MAKE DECISION: Provision of the information requested on this document is voluntary. This information is being collected for the purpose of making a decision concerning objection on the grounds of conscience to dues check-off being deducted and is essential to making a decision directly affecting you. Refusal to respond will result in union dues being deducted. This information will be stored in Personal Information Bank number PSE 901 - Employee Personnel record and will be shared with the bargaining agent for confirmation. It is protected from disclosure to unauthorized persons/agencies pursuant to the provisions of the *Privacy Act*. Under the Act you have the right to request access to your personal information, held by a federal government institution, and to request corrections should you believe the information contains errors or omissions.

Instructions: Complete the form. Ensure that the form is signed by a representative of the religious organization and your signature witnessed by a commissioner for taking oaths or notary public. Attach a copy of the doctrine of the organization to the affidavit. Send the original form and a copy of the doctrine to your departmental Human Resources officer who will forward the documents to the Treasury Board Secretariat for approval.

Dep	partment of			
Pro	vince/Territory	County		
In th	he matter of an agreement between the T	reasurv Board and the		
			(bargaining agent)	
cov	ering employees in the			
	ering employees in the	(group)	·	
,	(name and initials, please print)	(ci	ity/town)	
county of			. province/territory of	
	nty of(county)	, p.cco, co, c.	(province/territory)	
mał	ke oath and say as follows:			
1.	That I am a member of			
	(name of religious organization)			
2.	That the doctrine of the said			
	That the doctrine of the said			
	is such that as a matter of conscience I am unable to make a financial contribution to an employee			
	······································			
	organization.			
3.				
4.	That I shall make contributions to			
4.	That I shall make contributions to	(name of charitable organiz	zation)	
	agual to the duce I would be subject to ur			
	equal to the dues I would be subject to ur	ider the terms of the agreement t		
	(signature of employee)			
	(circoture and office of representative of religious errorized		registration number	
	(signature and office of representative of religious organizat		registration number)	
SW	ORN before me at	in the county of		
	(city/town)		(county)	
this	day of	, .		
	day of (day) (month)	(year)		
	(signature of a commis	ssioner for taking oaths, or notary public)		