## **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.

De	partment of
Pro	ovince/Territory County
In t	the matter of an agreement between the Treasury Board and the
COV	vering employees in the (group)
'',	(name and initials, please print) of (city/town)
	unty of , province/territory of , (county) , (province/territory)
ma	ke oath and say as follows:
1.	That I am a member of
	(name of religious organization)
2.	That the doctrine of the said
	(name of religious organization)
	is such that as a matter of conscience I am unable to make a financial contribution to an employee
	organization.
3.	Attached is a copy of the doctrine of the organization.
4.	That I shall make contributions to
	(name of charitable organization)
	equal to the dues I would be subject to under the terms of the agreement to which this affidavit refers
	(signature of employee)
	(signature and office of representative of religious organization) (Income Tax Act registration number)
SW	/ORN before me at in the county of
	/ORN before me at in the county of (city/town) (county)
this	s day of , .
	(day) (month) (year)
	(signature of a commissioner for taking oaths, or notary public)

