|  |
| --- |
| US Department of Labor  office of labor-management standards |
| LM-1 Validation Rules |
|  |
| Release v1.0 |

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version No** | **Description** | **Author** |
| **10/01/2019** | **1.0** | **Initial Draft** | **Bineeta Adityan** |
|  |  |  |  |

**Customer Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval Date** | **Version No** | **Approver Name** | **Role** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**LM-1 Validation Rules/Messages**

Validations Types:

V.1 Field Level Validations- indicated to user upon field exit as pop up.

V.2 Page/Item level Validations – indicated to user during the page level validation

V.3 Form level validation – any validations that require multiple pages to determine the outcome, plus any page level validations that are not satisfied.

V.4 Warnings – Any validations that are not required to be corrected.

| **Page #** | **Area/**  **Item** | **Field(s)** | **Validation Type** | **Validation Rule** | **Validation Message** | |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | **MAIN** | **1. File number**: E | N/A | Initial form - Blank and read-only.  Amendment - Pre-filled data and read-only  No validation required |  | |
| **2.What is your organization’s fiscal year ending date?** | V.2 – Page/Item level Validation | If initial form LM-l, and if the month and day fields are empty | Item 2: Please enter the month and day on which the fiscal year of your organization ends. | |
| If initial form LM-l, and if the month is empty | Item 2: Please enter the month on which the fiscal year of your organization ends. | |
| If initial form LM-1 and if the day is empty | Item 2: Please enter the day on which the fiscal year of your organization ends. | |
| If initial form LM-1 and if the day is invalid | Item 2: The Day entered is invalid. | |
| If amended form LM-1, and if the date is empty | Item 2: Please enter the last date covered by your organization’s annual financial report. | |
| If amended form LM-l, and if the month is empty | Item 2: Please enter the month. | |
| If amended form LM-1 and if the day is empty | Item 2: Please enter the day. | |
| If amended form LM-1 and if the day is invalid | Item 2: Day entered is invalid. | |
| If amended Form LM-1 and if the a future date is entered |  | |
| If amended Form LM-1 and if the date is invalid format | Item 2: Date is invalid. | |
| **3. Is this the first From LM-1 your organization has field.** | V.2 – Page/Item level Validation | System will check one of the check boxes  No validation required |  | |
| **4. AFFILIATION OR ORGANIZATION NAME** | V.2 – Page/Item level Validation. | If none of the options is selected (**Affiliated**, **Unaffiliated** and **National Headquarters)** | Item 4: Please select the designation of your organization. | |
| If Affiliated option is selected and if the Affiliation name is not selected. | Item 4: Please select the name of the national or international organization which granted your organization a charter. | |
| If Unaffiliated or National Headquarters option is selected and if the Affiliation or Organization name is empty. | Item 4: Affiliation or Organization name: Please enter the name of your organization as currently identified in your constitution and bylaws or other organizational documents. | |
| If National Headquarters option is selected and if Aff Abbreviation field is empty. | Item 4: Aff Abbreviation: Please enter an abbreviation for your organization. | |
| If the filer enters an integer in Aff Abbreviation field. | Item 4: Aff Abbreviation: Please use letters (A-Z) only. | |
| If the filer enters an existing Union’s abbreviation in Aff Abbreviation field. | Item 4: Aff Abbreviation: Another union is already using this abbreviation. Please select another abbreviation. | |
|  | **5. Designation (Local, Lodge, etc.).** | V.2 – Page/Item level Validation | Optional field, no validation required. |  | |
| **6. Designation Number.** | N/A | Optional field, no validation required. |  | |
| **7. Unit Name (*if any****)***.** | V.2 – Page/Item level Validation. | Optional field, no validation required. |  | |
| **8. Mailing Address** | V.2 – Page/Item level Validation. | If First Name is blank | Item 8: Please enter the first name of the person to whom mail should be directed. | |
| If the Last Name is blank | Item 8: Please enter the last name of the person to whom mail should be directed. | |
| If the title is blank | Item 8: Please enter the title of the person to whom mail should be directed. | |
| If both PO Box and Street address fields are blank | Item 8: Please enter a street address or a P.O. Box. | |
| If City is blank | Item 8: Please enter the name of the city. | |
| If State is blank | Item 8: Please select the state. Select OO for non-U.S. territories. | |
| If ZIP Code +4 is blank | Item 8: Please enter 5 or 9 digit ZIP Code in the format of ‘xxxxx-xxxx’. | |
| If Zip Code format is incorrect (should be either ‘xxxxx’ or ‘xxxxx-xxxx’) | Item 8: Please enter 5 or 9 digit zip code in the format of ‘xxxxx-xxxx’. | |
| **9. PLACE WHERE RECORDS ARE KEPT.** | **Note**: This validation applies only when any fields listed in this item has data entered.  V.2 – Page/Item level Validation | If First Name is blank | Item 9: Please enter the first name. | |
|  |  |  | If the Last Name is blank | Item 9: Please enter the last name. | |
|  |  |  | If the title is blank | Item 9: Please enter the title of the person. | |
|  |  |  | If the organization is blank | Item 9: Please enter the name of your organization. | |
|  |  |  | If both PO Box and Street address fields are blank | Item 9: Please enter a street address or a P.O. Box. | |
|  |  |  | If City is blank | Item 9: Please enter the name of the city. | |
|  |  |  | If State is blank | Item 9: Please select the state. Select OO for non-U.S. territories. | |
|  |  |  | If ZIP Code +4 is blank | Item 9: Please enter 5 or 9 digit ZIP Code in the format of ‘xxxxx-xxxx’. | |
|  |  |  | If Zip Code format is incorrect (should be either ‘xxxxx’ or ‘xxxxx-xxxx’) | Item 9: Please enter 5 or 9 digit zip code in the format of ‘xxxxx-xxxx’. | |
| 2 | **Item 10-17** | **10. WHERE IS YOUR ORGANIZATION CHARTERED TO OPERATE?** | V.2 Page/Item level validation | If City is blank | | Item 10: Please enter the city in which your organization is chartered or authorized to operate. |
| If the State is blank. | | Item 10: Please select the state in which your organization is chartered or authorized to operate. Select OO for non-U.S. territories. |
|  |  | |
| If the County is blank. | Item 10: Please select the county in which your organization is chartered or authorized to operate. | |
|  |  |
| **11. WHEN IS YOUR ORGANIZATION'S NEXT REGULAR ELECTION OF OFFICERS?** | V.2 Page/Item level validation | If the Year is entered, but Month is not selected. | Item 11: Enter the month  of your organization’s next regular election of  general officers. | |
| If the Month is selected, but the Year is blank | Item 11: Enter the year of your organization’s next regular election of  general officers. | |
| If the month/year entered is less than the month/year entered in Item 2 | Item 11: The date must be greater than < Month entered in Item 2>/<Year entered in Item 2.  E.g. if item 2 has month = 6 and year= 2019. Then the validation error should display as below:  ***The date must be greater than 6/2019.*** | |
| **12. ARE ANY OF YOUR ORGANIZATION'S MEMBERS:** | V.2 Page/Item level validation | If none of the options selected. | Item 12: Please select the type of membership. | |
| **13. IS YOUR ORGANIZATION:** | V.2 Page/Item level validation | If none of the options selected. | Item 13: Select the  appropriate box to indicate whether your organization is  a local labor organization of any kind, an intermediate  body of any kind, or a national or international labor organization. | |
| **14. WHAT ARE YOUR ORGANIZATION'S EXPECTED**  **ANNUAL RECEIPTS (DUES, FEES, ETC.):** | V.2 Page/Item level validation | If none of the options selected. | Item 14: Select the box to indicate the expected total annual receipts of your labor organization. | |
| **15. LIST THE NAMES AND TITLES OF ALL YOUR ORGANIZATION'S OFFICERS.** | V.2 Page/Item level validation | If Item 15 is empty (no rows have data entered) | Item 15: Please enter the names and titles of all the  officers of your organization (including the officers who sign this report). | |
| If the row has data entered, but the First Name is missing | Item 15: Row #: Please enter the first name of the officer. | |
| If the row has data entered, but the last Name is missing | Item 15: Row #: Please enter the last name of the officer. | |
| If the row has data entered, but the title is missing | Item 15: Row #: Please enter the title of the officer. | |
| **16. WHAT ARE YOUR ORGANIZATION'S RATES OF DUES AND FEES? (ENTER A MINIMUM AND MAXIMUM IF MORE THAN ONE RATE APPLIES FOR ANY LINE.)** | V.2 Page/Item level validation | If the field is empty | Item 16. a. Regular Dues/Fees: Please enter the regular dues or fees or other periodic payments, which a member must pay. Enter $0 if there are no dues/fees to pay. | |
| V.2 Page/Item level validation | If 16**a. Regular Dues/Fees - Per**  is empty | Item 16. a. Regular Dues/Fees-Per: Please enter the calendar basis for the payment Enter N/A for not applicable. | |
| V.2 Page/Item level validation | If 16**a. Regular Dues/Fees - Minimum** is empty | Item 16. a. Regular Dues/Fees-Minimum: Please enter the minimum dues/fees. Enter $0 for not applicable. | |
| V.2 Page/Item level validation | If 16**a. Regular Dues/Fees - Maximum** is empty | Item 16. a. Regular Dues/Fees-Maximum: Please enter the maximum dues/fees. Enter $0 for not applicable. | |
| V.2 Page/Item level validation | If 16**b. Working Dues** is empty | Item 16. b. Working Dues: Please enter the working dues required from members. Enter $0 if there are no working dues. | |
| V.2 Page/Item level validation | If 16**c. Initiation Fees** is empty | Item 16. c. Initiation Fees: Please enter the initiation fees required from new members. Enter $0 if there are no initiation fees. | |
| V.2 Page/Item level validation | If 16**d. Transfer Fees** is empty | Item 16. d. Transfer Fees: Please enter the fees other than dues required from transferred members. Enter $0 if there are no fees to report. | |
| V.2 Page/Item level validation | If 16**e. Work Permits** is empty | Item 16. e. Work Permits: Please enter the feed required to issue work permits. Enter $0 if there are no fees. | |
|  | If 16**e. Work Permits** **- Per**  is empty | Item 16. a. Regular Dues/Fees-Per: Please enter the calendar basis for the payment Enter N/A for not applicable. | |
|  | If 16**e. Work Permits - Minimum** is empty | Item 16. a. Regular Dues/Fees-Minimum: Please enter the minimum dues/fees. Enter $0 for not applicable. | |
|  | If 16**e. Work Permits - Maximum** is empty | Item 16. a. Regular Dues/Fees-Maximum: Please enter the maximum dues/fees. Enter $0 for not applicable. | |
| **17. TWO COPIES OF YOUR ORGANIZATION'S CURRENT CONSTITUTION AND BYLAWS MUST BE FILED WITH THIS REPORT. UNDER CERTAIN CIRCUMSTANCES, YOUR PARENT NATIONAL OR**  **INTERNATIONAL ORGANIZATION MAY FILE COPIES ON YOUR BEHALF (SEE THE INSTRUCTIONS FOR THIS ITEM). IS YOUR PARENT NATIONAL OR INTERNATIONAL SUBMITTING COPIES ON YOUR**  **BEHALF?** | V.2 Page/Item level validation | If not answered | Item 17: If your parent body files a constitution and bylaws on your behalf, select YES. If your parent body does not file a constitution and bylaws on your behalf, you must complete the following: select NO. | |
| 3 |  | **18. PRACTICES AND PROCEDURES** | V.2 Page/Item level validation | If **Private Industry Employees** and/or **U.S Postal Service Employees** options are selected in Item 12 and if 18**a. Qualifications for or restrictions on membership** is empty (both column (1) and (2) are empty). | Item 18: a. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18**a. Qualifications for or restrictions on membership** is empty (both column (1) and (2) are empty). | Item 18: a. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18**a. Qualifications for or restrictions on membership** is empty (both column (1) and (2) are empty). | Item 18: a. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18**b. Levying assessments** is empty (both column (1) and (2) are empty). | Item 18: b. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18**b. Levying assessments** is empty (both column (1) and (2) are empty). | Item 18: b. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18**b. Levying assessments** is empty (both column (1) and (2) are empty). | Item 18: b. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.**c. Participating in insurance or other benefit plans** is empty (both column (1) and (2) are empty). | Item 18: c. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.**c. Participating in insurance or other benefit plans** is empty (both column (1) and (2) are empty). | Item 18: c. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.**c. Participating in insurance or other benefit plans** is empty (both column (1) and (2) are empty). | Item 18: c. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18**d. Authorizing disbursement of labor organization funds** is empty (both column (1) and (2) are empty). | Item 18: d. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18**d. Authorizing disbursement of labor organization funds** is empty (both column (1) and (2) are empty). | Item 18: d. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18**d. Authorizing disbursement of labor organization funds** is empty (both column (1) and (2) are empty). | Item 18: d. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18**e. Auditing financial transactions of the labor organization** is empty (both column (1) and (2) are empty). | Item 18: e. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18**e. Auditing financial transactions of the labor organization** is empty (both column (1) and (2) are empty). | Item 18: e. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18**e. Auditing financial transactions of the labor organization** is empty (both column (1) and (2) are empty). | Item 18: e. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18**f. Calling regular and special meetings** is empty (both column (1) and (2) are empty). | Item 18: f. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18**f. Calling regular and special meetings** is empty (both column (1) and (2) are empty). | Item 18: f. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18**f. Calling regular and special meetings** is empty (both column (1) and (2) are empty). | Item 18: f. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.g1 is empty (both column (1) and (2) are empty). | Item 18: g.1. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.g1 is empty (both column (1) and (2) are empty). | Item 18: g.1. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.g1 is empty (both column (1) and (2) are empty). | Item 18: g.1. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.g2 is empty (both column (1) and (2) are empty). | Item 18: g.2. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.g2 is empty (both column (1) and (2) are empty). | Item 18: g.2. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in  Item 19. | |
| If the constitution and/or bylaws document attached and if 18.g2 is empty (both column (1) and (2) are empty). | Item 18: g.2. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in  Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.h is empty (both column (1) and (2) are empty). | Item 18: h. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.h is empty (both column (1) and (2) are empty). | Item 18: h. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.h is empty (both column (1) and (2) are empty). | Item 18: h. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.i is empty (both column (1) and (2) are empty). | Item 18: i. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.i is empty (both column (1) and (2) are empty). | Item 18: i. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.i is empty (both column (1) and (2) are empty). | Item 18: i. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.j is empty (both column (1) and (2) are empty). | Item 18: j. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.j is empty (both column (1) and (2) are empty). | Item 18: j. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.j is empty (both column (1) and (2) are empty). | Item 18: j. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.k is empty (both column (1) and (2) are empty). | Item 18: k. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.k is empty (both column (1) and (2) are empty). | Item 18: k. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.k is empty (both column (1) and (2) are empty). | Item 18: k. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.l is empty (both column (1) and (2) are empty). | Item 18: l. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.l is empty (both column (1) and (2) are empty). | Item 18: l. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.l is empty (both column (1) and (2) are empty). | Item 18: l. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| V.2 Page/Item level validation | If **Private Industry Employees** or **U.S Postal Service Employees** options are selected in Item 12 and if 18.m is empty (both column (1) and (2) are empty). | Item 18: m. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the option **Yes** is selected in Item 17 and if 18.m is empty (both column (1) and (2) are empty). | Item 18: m. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
| If the constitution and/or bylaws document attached and if 18.m is empty (both column (1) and (2) are empty). | Item 18: m. Indicate in Column (1) the page number and section or paragraph where each practice or procedure described in your organization’s constitution and bylaws or other governing rules filed with OLMS or check the box in Column (2) and provide a detailed statement in Item 19. | |
|  | **FORM pass validation** | **If all the page level validations passed** | V.3 - Form Level | If all required fields passed the validation. | This form has passed the validation check and is able to be signed and submitted to the Department of Labor. Validation only checks to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-1 Instructions to make sure this form has been filled out according to the requirements.  Please click on a signature field to sign. | |