

POSTMASTER REPRESENTATION ASSISTANCE FORM

NAME: _____

HOME ADDRESS: _____

POST OFFICE: _____ STATE: _____

POST OFFICE LEVEL: _____ NUMBER OF EMPLOYEES: _____

OFFICE TELEPHONE: _____ HOME TELEPHONE: _____

DATE OF BIRTH: _____ LENGTH OF SERVICE: _____

SSN: _____ SALARY: _____ VETERAN: _____

DISTRICT OFFICE: _____ AREA OFFICE: _____

IMMEDIATE SUPERVISOR: _____ TELE. #: _____

DISTRICT MANAGER: _____ TELE. #: _____

MANAGER HUMAN RESOURCES: _____ TELE. #: _____

ANY PRIOR DISCIPLINARY ACTION? _____ WHEN WAS IT GIVEN: _____

IF SO, WHAT WAS THE ACTION? _____

WHEN WAS IT GIVEN? _____

WHAT ARE THE CURRENT ACTIONS BEING TAKEN? _____

ASSISTANCE GIVEN: _____

REFERRED CASE TO: _____ DATE: _____

SUBMITTED BY: _____

DATE PROPOSAL LETTER RECEIVED: _____

DATE DECISION LETTER RECEIVED: _____

NAME OF PM REP: _____

PHONE NUMBER OF PM REP: _____