



**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: \_\_\_\_\_

SALARY: \_\_\_\_\_ VETERAN: \_\_\_\_\_

DISTRICT OFFICE: \_\_\_\_\_ AREA OFFICE: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DISTRICT MANAGER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MANAGER HUMAN RESOURCES: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HAS THERE BEEN ANY PRIOR DISCIPLINARY ACTION? \_\_\_\_\_

IF YES, WHAT WAS THE ACTION? \_\_\_\_\_

WHEN WAS IT GIVEN? \_\_\_\_\_

WHAT ARE THE CURRENT ACTIONS BEING TAKEN? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ASSISTANCE GIVEN: \_\_\_\_\_

REFERRED CASE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_