

Spring JARAP 2011 – Review Request Form

This form is to be completed and submitted by the Local Office Contact if a Spring JARAP 2011 adjustment review should be considered for the zone listed below. This form should be submitted to the appropriate higher level Team as designated by your District and/or Area/Region.

Unit Name:

Unit ZIP Code:

Date of Spring JARAP 2011 Adjustment:

Date of Request:

Reason for Review Request

1.	Please explain the reason(s) and provide any detailed information. This request form should be no longer than 2 pages:		
Circle the team member's recommendation below:			
2.	NALC Local Office Contact Recommendation LOC Name: Signature: _____ Date: _____	Perform Review	No Review Required
3.	USPS Local Office Contact Recommendation LOC Name: Signature: _____ Date: _____	Perform Review	No Review Required
Higher Level Review Recommendation		Perform Review	No Review Required
Circle the team's recommendation			
4.	NALC Higher Level Review Name: Signature: _____ Date: _____		
5.	USPS Higher Level Review Name: Signature: _____ Date: _____		
6.	If a review is to be performed the following team has been assigned and should begin the review no later than the designated date. NALC Review Team Member Name: USPS Review Team Member Name: Begin Date:		