

In reference to Branch Grievance (s) \_\_\_\_\_, the union is requesting the following information to support the case. Please review this paper carefully and supply the union with copies of the items checked.

**Discipline**

- \_\_\_\_\_ Letter of Warning
- \_\_\_\_\_ 7-day Suspension
- \_\_\_\_\_ 14-day Suspension
- \_\_\_\_\_ Emergency Placement Suspension Notice
- \_\_\_\_\_ Removal Notice
- \_\_\_\_\_ Suspensions of More than 14 days
- \_\_\_\_\_ Other \_\_\_\_\_

**Contractual**

- \_\_\_\_\_ Form 50- Notification of Personnel Action
- \_\_\_\_\_ Letter of Notification
- \_\_\_\_\_ Doctor's Notice
- \_\_\_\_\_ Doctor's Bill
- \_\_\_\_\_ Form 1223-A (Employee Pay Stub)
- \_\_\_\_\_ Form 1260 -Non-Transactor (Time Card)
- \_\_\_\_\_ Station's Time Certification Sheets
- \_\_\_\_\_ Form 3971's -Employee's request for Leave
- \_\_\_\_\_ Form 3972's - Supervisor's Absence Analysis Control Form
- \_\_\_\_\_ Any FMLA Information
- \_\_\_\_\_ Overtime Desired List Quarter # \_\_\_\_\_
- \_\_\_\_\_ Daily Schedule and Work Sheets \_\_\_\_\_
- \_\_\_\_\_ Station's Form for Recording Curtailed Mail on All Routes \_\_\_\_\_
- \_\_\_\_\_ Form 1571's -Routes Curtailed Mail Slips \_\_\_\_\_
- \_\_\_\_\_ Form 3996's - Carrier-Auxiliary Control
- \_\_\_\_\_ Form 3999's- Supervisors Street Observations
- \_\_\_\_\_ Form 1838 -Carrier's Count of Mail (Management's Summary)
- \_\_\_\_\_ Form 1838 A - Carrier's Count of Parcel Post & Combination
- \_\_\_\_\_ Form 1838 B - Parcel Post Firm Delivery Worksheet
- \_\_\_\_\_ Form 1838 C - Carrier's Count of Mail (Carrier's Worksheet)
- \_\_\_\_\_ Form 1840's Summary of Count & Inspection
- \_\_\_\_\_ Form 1840 A's - Summary of Carrier's Mail Count
- \_\_\_\_\_ Form 1840 B's - Carrier's Time Card Analysis
- \_\_\_\_\_ Employee Everything Report \_\_\_\_\_
- \_\_\_\_\_ Overtime Alert Report \_\_\_\_\_
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**OWCP Claims**

- \_\_\_\_\_ CA1 Employees Claim for Traumatic Injury
- \_\_\_\_\_ CA-2 Employee's Claim for Occupational Illness
- \_\_\_\_\_ CA-2A Employee's Claim for Reoccurrence of Injury
- \_\_\_\_\_ CA-4 Claims for Compensation on Account of Occupational Illness
- \_\_\_\_\_ CA 7 Claims For Compensation on Account of Traumatic Injury
- \_\_\_\_\_ CA8 Claim for Continuing Compensation
- \_\_\_\_\_

Requested by \_\_\_\_\_