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_____