



Appeal to Local Dispute Resolution Committee (LDRC) Form

Date: _____

Region: _____

Mail a copy of the file to the following via Certified Return Receipt:

[APWU] Name/Title/Address of Representative:

Certified# _____

[NPMHU] Name/Title/Address of Representative:

Certified # _____

[USPS] Name/Title/Address of Representative:

Certified # _____

Installation: _____

Union Case #: _____

Operation: _____

Case appealed under the following criteria: [Please check appropriate box]

- Operational change
- New or consolidated facility
- New work

Issue: _____

Authorized Union Representative

Print Name