



Appeal to RI-399 Regional Arbitration 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 # _____

BE ADVISED THAT PURSUANT TO THE RI-399 MOU, THE BELOW-REFERENCED JURISDICTIONAL ISSUE IS HEREBY APPEALED TO ARBITRATION.

Installation: _____

Union Case #: _____

Operation: _____

GATS Case #: _____

Issue: _____

Authorized Union Representative

Print Name