AMERICAN POSTAL WORKERS UNION, AFL-CIO

2025 One Time Incentive/VER
ADRP APPEAL FORM

GRIEVANT -- PERSON OR UNION	WORK LOCATION CITY AND ZIP CODE	EMPLOYEE IDENTIFICATION NUMBER (EIN)

ADRP ISSUE	CRAFT	DATE OF LOCAL INITIATION	LOCAL GRIEVANCE	USPS GRIEVANCE
			#	#

THE ABOVE GRIEVANCE IS BEING APPEALED TO ADRP/DATE _____

Industrial Relations Department
2025 One Time Incentive/VER ADRP Committee
1300 L Street NW
Washington, DC 20005

This Appeal is initiated through the ADRP for the following reasons:

FROM - NAME, ADDRESS, AND CONTACT INFORMATION OF APWU LOCAL OR STATE ORGANIZATION

Local Name: _____

Local Mailing Address: _____

City: _____ State: _____ Zip Code _____

Local Phone Number: _____ Email: _____

Sincerely,

Email Form and Supporting Documents to: ccash@apwu.org. Please courtesy copy lbranca@apwu.org and lwu@apwu.org.

Authorized Union Representative