



Request for ELM 650 Mediation

USPS Case No. (Completed by 650 Facilitator)

FMCS Case No. (Completed by 650 Facilitator)

Appellant/Requester Information

Appellant's Name (Last, First, MI)

Social Security No.

Home Telephone No.
()

Home Mailing Address (Include ZIP+4 Code)

Facility Where You Work (city,state,zip+)

Position Title

Grade Level

Office Telephone No.
()

Pay Location

Facility Finance No.

Duty Hours (Include AM/PM)

Off Days/Nights

Issuing Management Official Information

Name

Job Title

Telephone No.

Type of Discipline Issued (Check One)

LOW in Lieu of
7-Day Suspension

LOW in Lieu of
14-Day Suspension

Downgrade

Removal

Other (Specify)

Representative Name

Representative Telephone #

Rep's NS Days

Rep's Duty Hours

Request for Mediation (with Discipline Attached)

- 1) I, _____, am voluntarily requesting that the disciplinary action issued to me on _____ be mediated before a mediator appointed by the Federal Mediation and Conciliation Service.
- 2) I understand that by requesting mediation, I am not forgoing any appeal rights granted by section 650 of the Employee and Labor Relations Manual (ELM). Rather, if mediation does not result in a resolution of the issue, I will still have the right to appeal the issuance of this discipline through the traditional appeal process afforded by section 650 of the ELM.
- 3) **I understand that this request for mediation form (or written request) and a copy of the discipline must be sent within ten (10) calendar days from my receipt of an applicable disciplinary action to the Area ELM 650 Facilitator, PO Box 300, Denver CO 80201-0300. The discipline must show date received by you. Additionally, I will notify the management official who issued the action and the appropriate District or Area Labor Relations office of my intention to participate in ELM 650 mediation.**

Privacy Act Notice

"Privacy Act Statement: The collection of this information is authorized by 39 U.S.C. 1001; Subchapter 650 of the Employee and Labor Relations Manual. This information will be used to provide a grievance and appeal procedure for an employee not subject to the collective bargaining agreement who alleges that his or her rights regarding compensation, benefits, or other terms and conditions of employment have been adversely affected. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other

person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to respond to a court subpoena, complaint, or grievance; and to adjudicate an appeal, complaint, or grievance. Completion of this form is voluntary; however, if this information is not provided, your desire to participate in a grievance alternative dispute resolution process may not be met."

Authorization

Appellant's Signature

Date