

Joint Route Inspection Process – San Francisco District

Co-leader Dispute Form

Name of NALC co-leader : (PLEASE PRINT) _____

Name of USPS co-leader: (PLEASE PRINT) _____

Station / zip code: _____

DATE dispute initiated: _____ DATE co-leaders met on the dispute: _____

Nature of Dispute / Issue Statement: _____

Union contentions: _____

Management contentions: _____

RESOLVED / NOT RESOLVED (circle one)

Explanation for decision: _____
