

National Association of Letter Carriers

William H. Young

President

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Washington, DC

20001-2144

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Doug A. Tulino Vice President Labor Relations U.S. Postal Service 475 L'Enfant Plaza Washington, D.C. 20260

RE:

Q01N-4Q-C 07201183

Class Action

Washington, D.C.

Certified letter: 7000 1530 0002 6315 0797

Dear Mr. Tulino:

Pursuant to receipt of your letter dated September 12, 2007 withdrawing proposed P.S. Form 2497, Election of Medical Care the above cited case is withdrawn without prejudice to the position of either party.

Sincerely,

William H. Young Timothy C. O'Malley

President

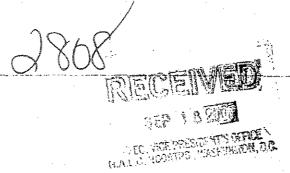
National Association of Letter

Carriers, AFL-CIO

Chairman Randall L. Keller Michael J. Gill

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SEP 1 4 2007

M-01671

OFFICE of the PRESIDENT N.A.L.C. HDQRTRS, WASHINGTON, D.C.

MIN

September 12, 2007

Mr. William Young President National Association of Letter Carriers AFL-CIO 100 Indiana Avenue, NW Washington, DC 20001-2144

Dear Bill:

This is in reference to our March 13 correspondence concerning proposal of a new form, PS Form 2497, *Election of Medical Care*.

The Postal Service has decided to withdraw the proposed PS Form 2497.

If you have any questions concerning the foregoing, please contact Anthony Waters at (202) 268-3832.

Sincerely,

Alan S. Moore Manager

Labor Relations Policy and Programs

FR A
GHM
JEB
GM
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BEH
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TCO
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JS AA BW KES NS AP

475 L'EMFANT PLAZA SW Washington DC 20260-4100 Washington DC 20260-4100

UNITEDSTATES			
POSTAL SERVICE.		lection o	*Medical Car
tructions: An employee completes this form for all injuries regard to the injury Completisation Control Office. Provide a o		militar sands tha	constated original form
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13 I elect not to receive medical care at this time, and I elect to the an OWCP Form CA-1, Notice of Traumatic in	ylang at thes times.		
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in accordance with 20 CFR 10.300(d), I understand that surfained write in the performance of my Postal Service	i have the right to an initial choice of physician to duties. The physician of my choice is mamed b	treat my krysy, v prow:	which I daim was
in accordance with the Employee and Labor Relations M to make an appointment.	lanual (ELM) 545.44, the control point (superviso	imanager) will o	
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Physician's Telephone Number (Include area code) Physician's Faza Number (Include area code)	10. City 13. Employee's Signature		12. ZIP + 40 14. Deta Signed

Ensure that management is not using the above form (proposed PS Form 2497—Election of Medical Care). The above form was proposed, but never finally authorized by the Postal Service. After the Service proposed the above form, NALC filed a national level grievance. On September 12, 2007, the Service notified NALC of its decision to withdraw the proposed form.