

## CDRAAP 2014-2015 Review Request Form

If either Local Office Contact wishes to request a review of a zone following an initial adjustment, this form is to be completed and submitted by the Local Office Contact to the appropriate higher level team as designated by your District Lead Team and/or Area/Regional Team.

**Site Name:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Date of CDRAAP Adjustment:** \_\_\_\_\_

**Date of Review Request:** \_\_\_\_\_

### Reason for Review Request

<b>1.</b>	Please explain the reason(s) and provide any detailed information. This request form should be no longer than 2 pages:		
<b>Circle the team member's recommendation below:</b>			
<b>2.</b>	<u>NALC Local Office Contact Recommendation</u>	Perform Review	No Review Required
	LOC Name: _____ Signature: _____ Date: _____		
<b>3.</b>	<u>USPS Local Office Contact Recommendation</u>	Perform Review	No Review Required
	LOC Name: _____ Signature: _____ Date: _____		

### District Lead Team Review Recommendation

	<b>Circle the District Lead Team's recommendation</b>	Perform Review	No Review Required
<b>4.</b>	<u>NALC District Lead Team Member</u>		
	Name: _____ Signature: _____ Date: _____		
<b>5.</b>	<u>USPS District Lead Team Member</u>		
	Name: _____ Signature: _____ Date: _____		
<b>6.</b>	If a review is to be performed the following team has been assigned and should begin the review no later than the designated date.		
	NALC Review Team Member Name: _____ USPS Review Team Member Name: _____ Begin Date: _____		