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

1. Please explain the reason(s) and provide any detailed information. This request form should be no longer than 2 pages:

Circle the team member’s recommendation below:

2. NALC Local Office Contact Recommendation
   LOC Name: ____________________________
   Signature: ____________________________ Date: ____________________________
   Perform Review | No Review Required

3. USPS Local Office Contact Recommendation
   LOC Name: ____________________________
   Signature: ____________________________ Date: ____________________________
   Perform Review | No Review Required

District Lead Team Review Recommendation

4. NALC District Lead Team Member
   Name: ____________________________
   Signature: ____________________________ Date: ____________________________
   Perform Review | No Review Required

5. USPS District Lead Team Member
   Name: ____________________________
   Signature: ____________________________ Date: ____________________________
   Perform Review | No Review Required

6. 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: ____________________________

Date of CDRAAP Adjustment: ______________________________________________