



REQUEST FOR INFORMATION FORM

TO: _____

DATE _____

In Reference to the following grievance(s) _____, we need the following information to investigate or support our case. Please provide us with copies of the item(s) checked.

DISCIPLINE

- ☐ Letter of Warning
- ☐ 7 Day Suspension
- ☐ 14 Day Suspension
- ☐ Emergency Suspension Notice
- ☐ Removal Notice
- ☐ Grievant and or Witness Statement(s)

All Requested Information is For:

Date From: _____

Date To: _____

CONTRACTUAL

- ☐ Form 50 - Notification of Personnel Action
- ☐ Letter of Notification
- ☐ Doctor's Note
- ☐ Doctor's Bill
- ☐ Form 1223-A - Employee Pay Stub
- ☐ Station's Time Certification Sheets
- ☐ Form 3971 - Employee's Request for Leave
- ☐ Form 3972 - Supervisor's Absence Analysis Control

TACS

- ☐ Overtime Alert Report - TAC800R4
- ☐ Overtime and Leave Report - Weekly - TAC800R4
- ☐ Unauthorized Overtime Report - Weekly - TAC800R9
- ☐ Tour Deviations Report - Weekly - TAC800R8
- ☐ Clock Ring Error Report - Weekly - TAC800R1
- ☐ Missing Time Report - Weekly - TAC800R2
- ☐ Raw Ring Error Report - TAC800R5
- ☐ Carrier Moves Report - Weekly - TAC5000RA
- ☐ Employee Moves Report - Weekly by Operation - TAC500R6
- ☐ Employee Everything Report - Weekly - TAC500R3 - Carrier _____
- ☐ Carrier Overtime Desired List Posting

DOIS

- ☐ Workload Status Report
- ☐ Workhour / Workload - Carrier _____
- ☐ Workhour Discrepancy Report
- ☐ Individual Weekly Performance Report
- ☐ Late Leaving / Returning Report
- ☐ Route / Carrier Daily Performance / Analysis Report
- ☐ Unit Daily Performance Report
- ☐ Work Assignment Overtime Report
- ☐ Daily Schedule
- ☐ Daily Missed Scan Report
- ☐ MSP Carrier Report - Carrier _____
- ☐ Daily MSP Route Report - CR _____
- ☐ Delivery Unit Seniority Report
- ☐ Form 3999 Inspection of Letter Carrier Route - CR _____

VEHICLE FORMS

- ☐ SF-94 Statement of Witness
- ☐ Form 91 - Employee's Accident Report
- ☐ Form 1700 - Vehicle Accident Investigation Worksheet
- ☐ Form 1769 - Accident Report
- ☐ Form 4584 - Observation of Driving Practices
- ☐ Form 4585 - Postal Driver Accident Information
- ☐ Form 4586 - Accident Information
- ☐ Accident Police Reports

OWCP Claims

- ☐ CA-1 - Employee's Claim for Traumatic Injury
- ☐ CA-2 - Employee's Claim for Occupational Illness
- ☐ CA-2a - Employee's Claim for Reoccurrence of Injury
- ☐ CA-4 - Claims for Compensation on Account of Occupational Illness
- ☐ CA-7 - Claims for Compensation on Account of Traumatic Injury
- ☐ CA-8 - Claim for Continuing Compensation
- ☐ CA-16 - Request for Examination and Treatment
- ☐ CA-17 - Duty Status Report
- ☐ CA-20 - Attending Physician's Report
- ☐ Medical Narrative

OTHER _____

REQUESTED BY: _____