



Request for ELM 650 Mediation

USPS Case Number (Completed by 650 Facilitator)	FMCS Case Number (Completed by 650 Facilitator)
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I. Appellant/Requester Information

Appellant's Name (Last, First, MI)	Employee Identification Number	Home Telephone Number ()
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Home Mailing Address (Include, City, State and ZIP+4)

Facility Where You Work (City, State, ZIP+4)	Position Title	Position Level	Office Telephone Number ()
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Pay Location	Facility Finance Number	Duty Hours (Include AM/PM)	Off Days/Nights
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II. Issuing Management Official Information

Name (Last, First, MI)	Job Title	Telephone Number ()
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III. Type of Discipline Issued (Check One)

<input type="checkbox"/> LOW in Lieu of 7-Day Suspension	<input type="checkbox"/> LOW in Lieu of 14-Day Suspension	<input type="checkbox"/> Downgrade	<input type="checkbox"/> Removal	<input type="checkbox"/> Other (Specify)
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IV. Representative Information

Name	Telephone Number ()	Duty Hours (Include AM/PM)	Off Days/Nights
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Work Location (City, State, ZIP+4)	Position Title	Representative Organization
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V. Request for Mediation (with Discipline Attached)

- I, _____, am voluntarily requesting that the disciplinary action issued to me on _____ be mediated before a mediator appointed by the Federal Mediation and Conciliation Service.
- I understand that by requesting mediation I am not forgoing any appeal rights granted by section 650 of the Employee and Labor Relations Manual (ELM). Rather, if mediation does not result in a resolution of the issue, I will still have the right to appeal the issuance of this discipline through the traditional appeal process afforded by section 650 of the ELM.
- I understand that **this form (or written request) and a copy of the discipline** must be sent within **ten (10)** calendar days from my receipt of an applicable disciplinary action to the **ELM 650 Mediation Facilitator, Manager EEO Compliance and Appeals, located in my region. Employees at Postal Service Headquarters and Headquarters Filed Units and employees of the Inspection Service should notify the ELM 650 Facilitator at Postal Service Headquarters. The discipline must show the date it was received by me.** Additionally, I will notify the management official who issued the action and the appropriate District or Area Labor Relations office of my intention to participate in ELM 650 mediation.

VI. Privacy Act Statement and Rehabilitation Act Notice

Privacy Act Statement: Your information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. Collection is authorized by 39 U.S.C. 401, 409, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not be able to process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit www.usps.com/privacypolicy.

Rehabilitation Act Notice: Under the Rehabilitation Act, medical information is confidential and may only be requested or disclosed in very limited circumstances. Medical documentation about the complainant's and possible comparison employees' medical conditions and work restrictions may be requested in connection with the investigation of an EEO complaint. Information about medical restrictions (but not medical conditions) obtained in the course of an EEO investigation may be disclosed to supervisors and managers who need to know about restrictions on the work or duties of the employee and about necessary accommodations. Supervisors and managers are not permitted to share such information with peers or subordinates or to discuss the information with those who have no need to know and whose requests for the information are not job-related and consistent with business necessity.

VII. Authorization

Appellant's Signature	Date
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