



National Association of Postal Supervisors
421 Eighth Avenue Room WC-036
New York, NY 10199-1040
917 621 9659

Request For Representation by a NAPS Branch 100 Advocate
Contact Sheet

Print Last Name, First Name: _____

Office Where Discipline Was Issued: _____

Cell Phone Number: (_____) _____ - _____

Personal e-Mail Address: _____@_____

Type of Discipline Issued: _____

Date of Discipline Letter: _____

Requirements For Representation

- ❖ I am currently a full-time member of NAPS Branch 100 in good standing.
- ❖ I agree to fully cooperate with my NAPS representative by providing him/her with factual written statements and documentation to support my disciplinary appeal.
- ❖ False information provided may result in the withdrawal of representation by NAPS Branch 100.
- ❖ I understand that NAPS Branch 100 officers and advocates are not paid employees of the NAPS organization, nor are they legally bound to provide representation.
- ❖ I understand that NAPS Branch 100 officers and advocates are not lawyers or legal advisors, and I will not hold them legally or financially responsible for the results that transpire from my disciplinary case.
- ❖ I reserve the right to withdraw the request for representation by a NAPS Branch 100 advocate at any time during my appeal process.
- ❖ Representation will not begin until this form is returned to the branch or advocate.
- ❖ Any improper behavior will also be a reason for withdrawal from representation.

Signature of NAPS Branch 100 Member

Date

After completing the form, please return is to the advocate by hand or scan it to the branch at
NAPSBRANCH100@hotmail.com