

RURAL ROUTE EVALUATION DISPUTE FORM

USE SEPARATE SHEET FOR EACH DISPUTED ITEM

DATE: _____

Carrier Name: _____

Route #: _____

Management Official: _____

Title: _____

Installation: _____

Finance Number: _____

Effective Date of Evaluation: _____

Zip Code: _____

Instructions: When the assigned carrier has reason to believe the route evaluation is not accurate as determined by a semi-annual evaluation period, the below information will be completed by the carrier and a local management representative. Upon completion, forward this form with all relevant documents for District review. If the entire office has the same dispute, one (1) form can be completed for the entire office.

1. In Dispute (PS Form 4241-A Field): _____

2. Carrier's Reason For Dispute:

3. Management's Response To Dispute:

4. Supporting Documentation (List and Attach Copies):

Carrier Initials and Date:

Manager Initials and Date:

NOTE: THE ABOVE INFORMATION IS TO BE COMPLETED BY THE CARRIER AND INSTALLATION HEAD OR DESIGNEE. THIS FORM AND APPROPRIATE DOCUMENTATION ARE TO BE FORWARDED TO THE DISTRICT MANAGER LABOR RELATIONS AND THE NRLCA DISTRICT REPRESENTATIVE NO LATER THAN MAY 31, 2023.
