

FORMAL STEP A RESOLUTION

UNION: NALC

POST OFFICE: Rockville

UNION REP: Kenneth Lerch

OFFICE/STATION: Pike Annex

GRIEVANCE # 52-2008-MC75

MANAGEMENT REP: Lakhjit Dheman

GRIEVANT: NALC

DATE: August 4, 2008

As a result of our discussion on this date, it is mutually agreed that the above referenced grievance/dispute is resolved in accordance with the following:

Management agrees to a recommitment of prior agreements to provide information requested by the Union within 24 hours. As previously agreed, if there is an extensive information request, the Postmaster will notify the local Union president and a mutually agreeable date to provide the information will be worked out which will comply with the spirit of good-faith bargaining.

In this grievance, management failed to provide the information within 24 hours. Therefore, management will award the Union \$350.00 to be given to the charity of the Union's choice due to the ongoing and escalating remedies on this issue. (This is consistent with hundreds of prior grievance resolutions including precedent setting Step B decisions.)

This settlement is made in accordance with the language of Article 15 and the Dispute Resolution Process.

Kenneth Lerch

Union Representative

8-4-08

Date

Lakhjit Dheman

Management Representative

8.4.08

Date



ACCOUNTING SERVICE CENTER, 2825 LONE OAK PARKWAY, EAGAN MN 55121-9640

08-15-2008

NALC
BRANCH 3825
PO BOX 1398

ROCKVILLE MD 20849-1398

REMITTANCE ADVICE

THE ATTACHED CHECK REPRESENTS PAYMENT FOR GRIEVANCE NO 52-2008-MC75 FOR NALC BRANCH 3825, TIN 52-6054692

IMPORTANT INFORMATION
ANY TAX LIABILITY RESULTING FROM THIS PAYMENT IS YOUR RESPONSIBILITY. THE IRS MAKES THE DETERMINATION ON WHETHER TAXES MUST BE PAID. YOU SHOULD CONSULT THE IRS OR A TAX ATTORNEY TO ANSWER ANY TAX REPORTING QUESTIONS THAT YOU MAY HAVE.

PAYMENT DATE	PAYMENT AMOUNT	CHECK NUMBER
08-15-2008	\$*****350.00	0102820567

Refer inquiries concerning this payment to the Minneapolis Accounting Service Center at the above address, or call (651) 406-1468.

- Separate Along The Perforation -



FACE OF THIS DOCUMENT PRINTED IN RED, BLUE & GRAY INKS.

EAGAN MN 55121-9640

DATE 08-15-2008

M 14669143

62-26
311

0083-09

CHECK No. 0102820567

Three Hundred Fifty and 00/100 Dollars



\$*****350.00

PAY TO THE ORDER OF

0102820567
NALC
BRANCH 3825
PO BOX 1398

JP Morgan Chase, Syracuse NY
5801 E. Taft Road
North Syracuse NY 13212-4710

ROCKVILLE MD 20849-1398

Robert J. Pedersen
VICE PRESIDENT, TREASURER

VOID AFTER
ONE YEAR

MP

0102820567031100267163015008355090



Authorization for Payment

(Print Legibly in Upper Case using Black Ball-Point Pen) SUBMIT ORIGINAL INVOICE WITH THIS FORM.

1. Invoice Credit Invoice Tort Claim 2. TIN: (Except tort claims) 5 2 6 0 5 4 6 9 2

3. Vendor Foreign Vendor Postal Employee Non-Postal SSN PPA Exempt Non-Profit

4. Vendor/Payee Name:

N A L C B R A N C H 3 8 2 5

5. Remit to Address:

Address Line 1

P O B O X 1 3 9 8

Address Line 2

Address Line 3

City

R O C K V I L L E

State

ZIP+4®

M D 2 0 8 4 9 1 3 9 8

6. Vendor Invoice # (EXACTLY AS ON INVOICE, INCLUDING SPACES, HYPENS, ETC.):

G R I E V A N C E # 5 2 - 2 0 0 8 - M C 7 5

7. Invoice Date: 0 8 0 4 2 0 0 8 8. Invoice Received Date: 0 8 0 4 2 0 0 8

9. Goods Rec'd Date: 0 8 0 4 2 0 0 8 10. Invoice Gross Amount: 3 5 0 . 0 0

11. GLA Account #: 4 4 0 3 0

Finance No. 2 3 7 8 8 9 Amount: 3 5 0 . 0 0

Additional lines for more than one GLA or Finance #

GLA Account #:

Finance No.

Amount:

GLA Account #:

Finance No.

Amount:

12. Post Office™ Contact Information:

Contact Name: S NAGESHWARAN Phone Number: 301-838-2849 Fax Number: 651-306-6231

13. Certification of Invoice: I certify that the goods and services described have been received and that the invoice is correct and proper for payment. I also certify that the vendor will not accept the IMPAC credit card.

Signature of Certifying Officer:

[Handwritten Signature]

Date Certified: 0 8 0 4 2 0 0 8

Title of Certifying Officer:

SUPERVISOR, C S SUPPORT

Originating Office ZIP+4: 2 0 8 5 0 9 9 9 8