



United Postmasters and Managers of America

## Adverse Action Authorization Form

I \_\_\_\_\_ do hereby authorize \_\_\_\_\_ to act on my behalf as my representative in the following matter: \_\_\_\_\_

\_\_\_\_\_. I acknowledge that I have read and understand the UPMA Adverse Action Legal Defense Plan (AALDP) and the UMPA Purpose Statement. I further understand that my representative only has the right to negotiate a settlement or offer but does not have the right to finalize the proposal without my express consent.

I further acknowledge that if, after receiving a Decision Letter respecting this matter, I desire to be represented by the UPMA Legal Defense Plan Attorney that I must sign the "Designation-of-Representation and Subscription-to-Appeal" form. I understand that this must be completed within 10 days of my receipt of the Decision Letter from the US Postal Service and that my cashier's check or wire transfer must also accompany the "Appeal" form. The retainer and "Appeal" form is to be sent to the UPMA National Office at the address listed below. Failure to follow these guidelines will disqualify me from the Plan.

Furthermore, if a Decision Letter is issued and I choose not to take advantage of the AALDP, I acknowledge that UPMA and its representatives would have no further obligation to defend or provide representation in this matter. At this point, if I choose to ask for any assistance from a UPMA representative (for example to assist with a 650 Appeal or an MSPB appeal), I acknowledge UPMA is not responsible for such assistance as the UPMA representative may provide and any expense incurred would be my responsibility.

Date: \_\_\_\_\_

Members Name: (Printed) \_\_\_\_\_ Signed: \_\_\_\_\_

Representatives Name: (Printed) \_\_\_\_\_