

Designation of Representation and Subscription to Appeal

Pursuant to 5 CFR Section 1201.24,(a)(9), I hereby designate Hartley D. Alley of the Law Offices of Hartley David Alley, 23107 Fairway Brg., San Antonio, TX 78258-7129 [telephone: (830) 438-1844, fax: (830) 214-7000] to be my representative and, conditional upon my compliance with the terms of the United Postmasters and Managers of America Legal Defense Plan (the öUPMA LDPö), authorize Mr. Alley to proceed with an appeal to the U.S. Merit Systems Protection Board (öMSPBö) or, in the event I do not have MSPB appeal rights, to proceed with an appeal under ELM Section 652.2, respecting the Decision, dated _____ 20__, implementing an adverse action against me.

Signature (Full Name)

Date

Printed Full Name

Social Security Number

Home Address

City _____ State _____ Zip Code _____

(_____) _____
Home Phone

(_____) _____
Work Phone

(_____) _____
Fax Personal Email

Acknowledgement of Member's Responsibility in Accordance with the UPMA Legal Defense Plan

Except for Emergency Placement, a member eligible desiring representation of the Legal Defense Attorney under the LDP must submit the completed form and a cashier's check (or wire transfer) within ten days of the member's receipt of a Decision Letter to the UPMA National Office, 8 Herbert Street, Alexandria, VA 22305-2628, payable to the öUPMA Legal Defense Planö, in the amount equal to the applicable LDP deposit required (\$3000 for Downgrades or \$6000 for Removals for MSPB Appeal) (\$3000 for ELM 652.2 Appeal for EAS member without MSPB rights). Failure to adhere to this stipulation will disqualify the member from the Plan.

I acknowledge my responsibility to submit the amount required by the UPMA LDP (see above) within ten days of my receipt of the Decision Letter. I further acknowledge that failure to make this deposit will relinquish my right for UPMA legal defense representation.

If I disagree with a proposed settlement of my adverse action, the UPMA National Board may be called upon by request of the Member Representative to review the proposed settlement. If the National Board considers the settlement to be fair, then I will personally be responsible **to pay 100%** of all attorney fees and costs incurred thereafter to pursue the case regardless of the outcome.

Signature (Full Name)

Date

Printed Full Name

Social Security Number