

Designation of Representation and Subscription to Appeal

I hereby request the United Postmasters and Managers of America Adverse Action Legal Defense Plan (the AALDP) to 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 agreement with Mr. Alley and my compliance with the terms of the AALDP, authorize Mr. Alley to proceed with an appeal to the U.S. Merit Systems Protection Board (MSPB) 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 UPMA AALDP

Except for Emergency Placement, an eligible member desiring representation of the AALDP Attorney must submit a cashier's check (or wire transfer) within ten days of a Decision Letter to the UPMA National Office in the amount equivalent to the UPMA AALDP requirement (\$3000 for Downgrades or \$6000 for Removals). Failure to adhere to this stipulation will disqualify the member from the Plan.

I acknowledge my responsibility to submit the amount listed in the UPMA AALDP (see above) within ten days of the Decision Letter. I further acknowledge that failure to make this deposit will relinquish my right for UPMA AALDP representation.

In the event that 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 further costs to pursue the case regardless of the outcome.

Signature (Full Name)

Date

Printed Full Name

Social Security Number