ARTICLE 1.6B 1260 PAYMENT REQUEST FORM

AMERICAN POSTAL WORKERS UNION, AFL-CIO

To: Installation Head/Postmaster: _____

Office: _____ Finance #: _____

Reporting Period Ending (MM/DD/YYYY): _____

Employee Name (Last Name, First)	Employee ID Number (EIN)	Number of Hours Requested	Hourly Rate of Pay	Total Amount Paid (Dollars/Cents)

Please provide supporting documentation that the USPS has made the payments requested in this form by sending to one of the following addresses:

Local/MAL email: _____

Local/MAL Fax #: _____

Mailing Address: _____

_____

X _____

APWU Representative (Please Print Name):

Title: Date:

Disclaimer: This is a Local/MAL grievance settlement per the Global Remedy Settlement dated 12/05/2014.

LB:gk/opeiu#2-afl-cio