

## **SPECIAL REQUEST FOR EXCEPTIONS OF BRANCH AFFILIATION**

### **NATIONAL CONSTITUTION AND BYLAWS**

#### **ARTICLE III SECTION 6 Subsection (a)**

***The Executive Board shall accept requests from members for affiliation with another branch when the member was affected by Postal Service initiated consolidations. The Area Vice President shall investigate said petition by contact with the involved member and branches and report said findings to the Executive Board for a concurrence.***

*A member who wishes to apply and receive an exception should forward the following information to the NAPS office. If the member meets the criteria as established by the Constitution and Bylaws the exception will be created for the next month's DCO. Any request which is denied will be returned to the member indicating the reason. Following the granting of said exception, any change in the members permanent finance number will negate the exception and the member will need to reapply.*

*Print Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*Official Job Title:* \_\_\_\_\_

*Daytime Phone Number:* \_\_\_\_\_

*E-Mail Address:* \_\_\_\_\_

*Member's Official Finance Number:* \_\_\_\_\_

*Work Domicile Location:( FacilityName)*\_\_\_\_\_

***Domicile for this purpose refers to a work location not the place of residence regardless of distance***

*Branch Number of desired Affiliation:* \_\_\_\_\_

*Member's signature:* \_\_\_\_\_

*Date of request:* \_\_\_\_\_

#### **For Area Vice President Use:**

*Explanation of events that occurred to warrant this exception.*

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*I concur with this exception.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## **REQUEST FOR EXCEPTIONS OF BRANCH AFFILIATION**

### **NATIONAL CONSTITUTION AND BYLAWS ARTICLE III SECTION 6 Subsection (b)**

***The Executive Board shall accept requests from members of Headquarters, Area or District Offices for affiliation with a branch that is different from employment office when attendance and participation at branch meetings and activities would be hampered by physical distance.***

*A member who wishes to apply and receive an exception should forward the following information to the NAPS office. If the member meets the criteria as established by the Constitution and Bylaws the exception will be created for the next month's DCO. Any request which is denied will be returned to the member indicating the reason. Following the granting of said exception, any change in the members permanent finance number will negate the exception and the member will need to reapply.*

*Print Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*Official Job Title:* \_\_\_\_\_

*Daytime Phone Number:* \_\_\_\_\_

*E-Mail Address:* \_\_\_\_\_

*Member's Official Finance Number:* \_\_\_\_\_

*Domicile Location: (Facility Name)* \_\_\_\_\_

***Domicile for this purpose refers to a work location not the place of residence regardless of distance***

*Branch Number of desired Affiliation:* \_\_\_\_\_

*Member's signature:* \_\_\_\_\_

*Date of request:* \_\_\_\_\_