

**RURAL ROUTE EVALUATION DISPUTE - REVIEW**

Carrier Name: \_\_\_\_\_

Route #: \_\_\_\_\_

Management Official: \_\_\_\_\_

Title: \_\_\_\_\_

Installation: \_\_\_\_\_

Finance Number: \_\_\_\_\_

Effective Date of Evaluation: \_\_\_\_\_

District Control #: \_\_\_\_\_

**DISTRICT REVIEW**

NRLCA REPRESENTATIVE:

MANAGEMENT REPRESENTATIVE

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION (circle one):    RESOLVED        NO ACTION        IMPASSE

DISPOSITION EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR IMPASSE AT THE DISTRICT LEVEL: FORWARD TO THE AREA DIRECTOR, LABOR RELATIONS OR THEIR DESIGNEE, AND THE NRLCA REPRESENTATIVE NO LATER THAN 30 CALENDAR DAYS FROM THE RECEIPT AT THE DISTRICT OFFICE UNLESS OTHERWISE EXTENDED.

**AREA REVIEW**

NRLCA REPRESENTATIVE:

MANAGEMENT REPRESENTATIVE

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION (circle one):    RESOLVED        NO ACTION        IMPASSE

DISPOSITION EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR IMPASSE AT THE AREA LEVEL: ATTACH SEPARATE SHEETS WITH EACH TEAM MEMBER'S RECOMMENDATION NO LATER THAN 21 CALENDAR DAYS FROM THE RECEIPT AT THE AREA LEVEL UNLESS OTHERWISE EXTENDED.