

**MODIFIED WORK-WEEK SITE  
CONSIDERATION FORM  
WESTERN REGION**

USPS AREA: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

FACILITY FOR CONSIDERATION: (PLEASE CHECK)

___ Associate Office	# of Employees _____
___ Airport Mail Facility/Center	# of Employees _____
___ Processing Distribution Center	# of Employees _____
___ Station Branch	# of Employees _____
___ Other (Identify) _____	# of Employees _____

Name of Local: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Local Telephone Number: \_\_\_\_\_

Local President's Signature: \_\_\_\_\_

**Please return this form by mail/fax as soon as possible, but no later than  
Friday, Sept. 30, 2005 to the below listed address:**

Omar M. Gonzalez  
APWU Regional Coordinator  
Western Region  
1799 Old Bayshore Highway – Suite 240  
Burlingame, California 94010

Telephone # 650-697-7315

Fax # 650-259-9108