

To: NEEOISO c/o MSI
PO BOX 3787
GREENWOOD VILLAGE, CO 80155

From: employee name
Ein #
Owcp case #
Address

1. Submit PS Form 3971's
2. Submit PS Form 3189's COS form
3. Submit PS Form 2499
4. Submit any other forms to include doctor or DOL forms about your case

In your statement include a specific, detailed showing that you as the claimant were subjected to an evaluation under NRP between 5/5/2006 – 7/1/2011. Make certain to address any and all consequences of the USPS evaluation for having been put off the clock, having your time reduced, or receiving no-change in limited-duty or rehab assignment. If the employee was separated, had to resign or retire due to the NRP decision this must also be detailed in your summary.

Also, show that during the time you were out of work you did not earn annual leave, sick leave nor had an opportunity to contribute to TSP. The decision of the USPS brought added stress to you and your family and caused a financial burden.

You must state also that you were working prior to being placed off the clock and the due harassment and disparate treatment by the agency failed to provide you reasonable accommodations. Mention that you were qualified employee with disabilities at the time of their evaluation and you suffered compensable pecuniary or non pecuniary harm as a result of the NRP.

Attach your statement of claim and then add the following if you didn't receive the form from the USPS.

I ATTEST THAT MY STATEMENT OF CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Complainant or Complainant's Authorized Representative:
