NOTICE TO EMPLOYEE/APPLICANT OF INITIAL HEARING BEFORE JLRC ON REQUEST FOR ACCOMMODATION UNDER PCWB&FA ADA POLICY

Date: Port: Applicant/Employee Name: Address: Registration Number: Local:	
Dear:	
on ADA Compliance and Reasonable Accommon Relations Committee ("JFLRC") acknowledges accommodation under the Policy.	receipt of your written request for reasonable pefore the JFLRC for an initial hearing on your
Date: Location:	Time:
Please bring with you any additional domay be relevant to your accommodation reques making a recommendation to the Joint Labor Rel	
	ests that you bring the following information with be if applicable]
- conti	nued -

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than _	If you are unable to attend the scheduled hearing, please contact the JFLRC no later at the address listed above to request a postponement.
does v	Following this initial hearing, the JFLRC may, at its discretion, obtain an opinion from a Specialist on certain issues concerning your request for accommodation. If the JFLRC wish to obtain such an opinion, you will be so notified and an appointment with the ated Medical Specialist will be scheduled.
	Very truly yours,
PCWB&FA JOINT FOREMEN'S LABOR RELATIONS COMMITTEE	
For the	Union: For the Employers:

PCWB&FA ADA Form No. 3 Revised 03/21/07