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

Addres	ant/Employee Name: ss: ration Number:				
Dear _	:				
the Joi	Pursuant to the Pacific ation (PMA) Policy on A int Foremen's Labor Rel	ADA Compliance ations Committee	and Reasonable ("JFLRC") requ	e Accommodatio	n (the "Policy"),
	The additional hearing	is scheduled to ta	ke place at the fo	ollowing place an	nd time:
	Date:		Time:		-
	Location:				
	Please bring with you ed to the Committee that yould help the JFLRC in r	t you believe is or	may be relevan	t to your request	
you:	In addition, the JFLRC [de	specifically reque escribe information			information with

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After this hearing is complete, the JFLRC will prepare a written decision concerning your request. The JFLRC's decision will be based on all of the information gathered by the JFLRC during the interactive process in which it has engaged with you concerning your request. If the JFLRC is unable to reach agreement on its decision, your request will immediately be referred to the Coast Arbitrator for decision pursuant to the Policy.

Very truly yours,

PCWB&FA JOINT FOREMEN'S LABOR RELATIONS COMMITTEE

For the Union:	For the Employers:		

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