



Local Steward Election Call

A Local Steward Election is called for the _____ Post Office.

This election will be held on _____ at _____

Location _____

THIS NOTICE MUST BE POSTED AT LEAST 15 DAYS
PRIOR TO THE ELECTION DATE

Date of Posting _____

In accordance with Article IX, Section 6 of the Constitution of the National Rural Letter Carriers' Association, this notice hereby constitutes written notification to all NRLCA members that an election shall be held for the position of Local Steward in their office. Failure of members to exercise this right will result in the local office being assigned representation in accordance with the Constitution of the National Rural Letter Carriers' Association.

The selection of a Local Steward should be in accordance with democratic procedures. To become a steward, a rural carrier must be a member of the National Rural Letter Carriers' Association. Local Steward Elections will be conducted in the month of July of every fourth year (i.e.; 2008, 2012, 2016, etc.) unless the incumbent Local Steward is unopposed. The Steward shall serve until a successor is elected and certified or until he or she resigns. An election may be called any time the position is vacant, or when a majority of the members submit a petition to the State Steward for approval. An incumbent Local Steward may be re-elected to the position. Written notification to all NRLCA members shall be given at least 15 days before the date of the election. A majority vote of those NRLCA members voting is required for an election. When there is more than one (1) Local Steward at an installation, including stations and/or branches, a Chief Steward will be elected by the NRLCA members of said office. (Re: Article IX Sections 6.B.1, 2, & 3 of the NRLCA Constitution)

Nominations will be accepted at the time of election and any dues paying members of the National Rural Letter Carriers' Association can announce his/her intention to be a candidate by signing below:

1. _____

2. _____

3. _____

(Print name)

1. _____

2. _____

3. _____

(Sign name)

Application for Steward Certification NATIONAL RURAL LETTER CARRIERS' ASSOCIATION



Date _____ Post Office (MAIN) _____
 Station or Branch _____ Finance Number _____
 Postmaster/Station Manager's Name (LFM) _____
 Mailing Address of Post Office _____ State _____ Zip Code _____
 Number of Rural Routes at this Office _____ PO Phone _____ PO Fax _____
 Name of Rural Carrier Steward (LFM) _____
 Employee ID Number _____ Home Phone _____
 Steward Phone _____ Cell Phone _____ Fax _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 e-mail _____

This is to certify that the above named rural carrier has been elected as the RURAL CARRIER STEWARD to represent the rural letter carrier craft of employees in labor-management relations at the above named Post Office. It is understood that this representative upon successful completion of the NRLCA Training Course will be certified in accordance with Article IX Section 3.B.3 and 4 of the NRLCA Constitution. This representative will serve until; the next called election, the position becomes vacant, the incumbent Local Steward retires, or when a majority of the members submit a petition to conduct a steward election to the State Steward for approval in accordance with Article IX Section 6.B.1 of the NRLCA Constitution.

Signatures of those appearing below confirm the selection of the above named rural carrier as Local Steward for the rural carrier craft.
ONLY DUES PAYING MEMBERS IN GOOD STANDING ARE ELIGIBLE TO SIGN BELOW OR BE SELECTED AS STEWARD.

Signatures of Rural Carriers ¹

Route No. ²	REGULAR	LEAVE REPLACEMENT
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

¹ If additional space for signatures is needed, attach a separate sheet.
² Indicate Vacant Routes.

I accept the responsibilities of the position of steward for the rural carrier craft for the above Post Office.

Signature of Steward

Print Name of Steward

State Steward Use Only - Do Not Write In This Space

Date Trained / Certified _____

Date PM / Steward Notified _____

Signature of State Steward
The affixing of the signature of the State Steward
will serve to validate this document