

Glover/Albrecht Class Member Individual Settlement Agreement and Release (Release Form)

Please Provide the Below Requested Information.

NAME: _____
STREET ADDRESS, CITY, STATE, ZIP CODE: _____
SSN: _____
PHONE: _____
EMAIL: _____

I, _____, was employed by the United States Postal Service (hereinafter the "USPS") in a permanent rehabilitation position at some point in time between January 1, 1992 and November 20, 2003, and I am a member of the Glover/Albrecht class (Class). I filed a Glover/Albrecht Claim Form 1 seeking monetary compensation for assignment(s), award(s), detail(s), promotion(s), and/or training(s) that I believe the USPS denied me between January 1, 1992 and November 20, 2003 in violation of the Rehabilitation Act (hereinafter "Claim").

I have agreed to accept from the USPS [INSERT BACK PAY AMOUNT] in back pay plus [INSERT COMPENSATORY DAMAGES AMOUNT] in compensatory damages, if any, for a total of [INSERT TOTAL AMOUNT], less any applicable income tax and withholdings, to fully settle my Claim. Along with this Release Form, I have received a Global Settlement Notice of Resolution dated **June 22, 2007**. I understand that if I return this Release Form, fully signed and dated, within 60 days of the date of the Global Settlement Notice of Resolution, payment will be mailed to me no more than 140 days after the date of the Global Settlement Notice of Resolution. I believe that [INSERT TOTAL AMOUNT] is a fair, reasonable, and adequate amount to settle my Claim. I acknowledge that I am aware that if I have questions concerning the Global Settlement Agreement or this Release, I can visit the website www.gloverclass.com, call Class Counsel toll free at 1-800- 280-8301 or send a fax to 303-927-3860.

My signature upon this Release Form constitutes a permanent and unconditional settlement and release by me, my heirs, executors, administrators, or assigns, of all outstanding claims, complaints, administrative complaints, grievances and appeals that I have filed or could have filed arising from any assignment(s), award(s), detail(s), promotion(s), and/or a training(s) that the USPS may have denied me between January 1, 1992 and November 20, 2003, allegedly in violation of the Rehabilitation Act. I understand that by signing this Release Form, I am forfeiting any right that I may have to further participate in any claims process contained in the Initial Settlement Agreement and that I am waiving any right I may have to challenge any modifications to the Initial Settlement Agreement proposed by class counsel and the USPS. This waiver includes claims against the USPS and the USPS's officers, executives, agents, managers, supervisors, employees and representatives. In addition, the claims that I am permanently waiving include, but are not limited to, those for front pay, back pay, compensatory damages, interest, and claims for attorneys' fees and costs which may be advanced by any counsel other than the counsel the EEOC has appointed to represent the class in this case. This means that any attorney, other than class counsel, may not recover any attorneys' fees or costs for the services in representing me in connection with any dispute I may have had relating to my Claim. This Release Form does not require me to waive any claims for worker's compensation benefits that I have filed, or might file, with the United States Department of Labor.

If any labor union has filed, or files in the future, any grievance(s) and/or arbitration(s) relating to my Claim, I will instruct the union to withdraw any such grievance(s) or arbitrations pending at any level of the grievance-arbitration process. In the event that any labor union disregards my instructions, I shall refuse to accept any remuneration or relief which may be ordered as a result of any such grievance. In the event that I nonetheless receive such remuneration, I shall refund that remuneration to the Agency within 14 days of the receipt of such benefits. The repayment of such funds shall not be a basis for opening or reopening any claim arising from my employment with the Agency through the date that I sign this Release Form. The term "remuneration" shall include, but not be limited to, pay of any kind, annual leave and sick leave. The term "relief" shall include, but not be limited to, restoration of employment with the USPS.

I acknowledge and affirm that I have read this Release Form. I understand this Release Form in its entirety and I have signed it willingly and freely, and without coercion, threat or duress. I understand that this Release Form is a full and final resolution of all matters described above, and that there are no other terms and conditions that are not set forth in this Release Form. I further acknowledge and agree that the USPS has made no representations regarding the tax consequences of any amounts received by me pursuant to this Release Form. Finally, I agree to pay federal and/or state taxes, if any, which are required by law.

Signed: _____

Date: _____