**NAPS OFFICER/REPRESENTATIVE TRACKING FORM**

**BRANCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME & TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPORT MONTH/YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **MEETING DATE** | **NAPS MEMBER** | **USPS DESIGNEE** | **PURPOSE OF MEETING\*** | **RESULT OF MEETING** |
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**\*PURPOSE OF MEETING WOULD INCLUDE INVESTIGATIVE INTERVIEW, LOW, SUSPENSION, REMOVAL, 650 HEARING OR OTHER ACTION ISSUED TO MEMBER.**

**PLEASE ENSURE FORM FOR DESIGNATION OF REPRESENTATIVE IS COMPLETED BY THE NAPS MEMBER PRIOR TO THE MEETING.**