

**NALC CT MERGED BRANCH 20
CCA CONVERSION TO REGULAR REPORT**



City Carrier Assistant (CCA) Name: _____

Installation where CCA was converted: _____

Date of CCA conversion: _____

Steward's Name: _____

Date of this Report: _____

**COMPLETE AND MAIL THIS REPORT FOR
EACH AND EVERY CCA CONVERSION TO:**

**NALC CT MERGED BRANCH 20
200 EAST MAIN STREET
MERIDEN, CT 06450**