



U·S AIRWAYS

INFLIGHT SERVICES

JUNE 2006 DISPLACEMENT LOCATION REQUEST FORM

Please complete your domicile preference and return this form to Inflight Administration no later than Noon EDT on April 5, 2006. Requests received by Inflight Administration after Noon EDT on April 5, 2006, will not be considered. Furthermore, if you do not submit a displacement location request, you will be assigned to a domicile by the Company.

FLIGHT ATTENDANT NAME: (first) _____ (last) _____

PAYROLL NUMBER: (emp) _____ FIRST TRAINING DATE: (month – 1st training date) _____

FROM DOMICILE: **PIT**

DOMICILE PREFERENCE

Indicate the domicile you would like to displace to.

Since there are flight attendants junior to you in each base, you will be able to hold your first choice.

Domiciles: BOS, CLT, DCA, LGA, PHL

Please remember to sign and date this form

1st Choice - _____

SIGNATURE: _____ DATE: _____

(If more than one (1) form is received, Inflight Administration will use the form with the most current date.)

RETURN COMPLETED REQUEST TO:

U.S. Mail: **US Airways
Reagan Washington National Airport
Inflight Administration DCA/A220
Washington, D.C. 20001**

Fax Number: 703-414-0986