



# National Postal Mail Handlers Union

DATE \_\_\_\_\_

GRIEVANCE NO. \_\_\_\_\_

STEWARD \_\_\_\_\_

## GRIEVANCE WORKSHEET

*TO BE COMPLETED BY STEWARD BEFORE STEP 1 MEETING*

GRIEVANT'S NAME (OR CLASS)				EMPLOYEE IDENTIFICATION NO.				PHONE NO.											
HOME ADDRESS				CITY				STATE				ZIP							
JOB CLASSIFICATION				CRAFT SENIORITY DATE				SERVICE SENIORITY DATE				DUTY HOURS							
INSTALLATION				CITY				STATE				ZIP				VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>			
OFF DAYS:		SA	SU	M	T	W	TH	F	LEVEL	STEP	REG.	Unassign Reg.	PTR	PTF	MHA				
Check for FTR & PTR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
VIOLATION: NATIONAL (ART. & SECT.)				LOCAL MOU (ART. & SECT.)				OTHER (EXPLAIN)											
FACTS OF GRIEVANCE: DATE(S)				TIME				LOCATION											

WHAT HAPPENED:

CORRECTIVE ACTION REQUESTED:

ADDITIONAL SHEET ATTACHED

GRIEVANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STEP 1 MEETING: HELD ON (DATE/TIME)			SUPERVISOR (NAME & TITLE)			DATE OF DECISION		
SUSTAINED		DENIED		OTHER (EXPLAIN)				
IF DENIED, REASON GIVEN								
ATTACHMENTS (Check)			<input type="checkbox"/> WITNESS(ES) STATEMENT(S)		<input type="checkbox"/> NOTES OF STEP 1 MEETING		<input type="checkbox"/> OTHER (LIST) _____	

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GRIEVANT'S NAME (OR CLASS)

WHAT HAPPENED (Continued from Page 1):