



National Postal Mail Handlers Union, Division of the Laborers' International Union of North America, AFL-CIO

Local No. _____

Pursuant to Article XV, Section 2, this form must be used to appeal a grievance to Step 2

WITHDRAWN	RESOLVED
DATE	
MH INITIALS	USPS INIT.

STANDARD GRIEVANCE FORM

DATE	BRANCH GRIEV NO.	USPS NO.
TO: U.S.P.S. STEP 2 DESIGNEE (NAME & TITLE)		INSTALLATION
PHONE-OFFICE		PHONE-OFFICE
FROM: LOCAL UNION BRANCH NO.	BUSINESS ADDRESS	
STEP 2: AUTHORIZED UNION REP.		PHONE-OTHER
STEP 1 MEETING: HELD ON (DATE /TIME)	BETWEEN: U.S.P.S. REPRESENTATIVE	AND: GRIEVANT AND/OR STEWARD
GRIEVANT'S NAME (OR CLASS)		PHONE
HOME ADDRESS	CITY	STATE
JOB CLASSIFICATION		ZIP
CRAFT SENIORITY DATE	SERVICE SENIORITY DATE	DUTY HOURS
INSTALLATION, STATION OR BRANCH	Employee Identification Number (EIN)	VETERAN YES NO
OFF DAYS FIXED-CHECK AS APPLICABLE	SA SU M T W TH F	LEVEL STEP UNASSIGNED REG.
STEP 1: RENDERED ON (DATE/TIME) BY (NAME & TITLE) DECISION	SUPERVISOR'S INITIALS (UPON REQUEST)	FTR MHA PTR PTF

PURSUANT TO ARTICLE XV Sect 2 OF THE NATIONAL AGREEMENT, WE HEREBY APPEAL TO STEP 2, THE FOLLOWING GRIEVANCE.

VIOLATION: INCLUDING BUT NOT LIMITED TO NATIONAL (ART. & SECT.)
LOCAL (ART. & SECT.)
OTHER GROUNDS:
FACTS AND UNION CONTENTIONS: DATE, TIME & LOCATION:
WHAT HAPPENED:

_____ ADDITIONAL SHEET ATTACHED

CORRECTIVE ACTION REQUESTED:
BRANCH PRESIDENT OR STEWARD
SIGNATURE >