

# National Postal Mail Handlers Union, Local No. 300

**111 John Street, Suite 710, New York, NY 10038**

PHONE NO. (212) 431-0040      FAX NO. (212) 941-6499

STEWARD \_\_\_\_\_

BRANCH GRIEV NO. \_\_\_\_\_

DATE OF APPEAL \_\_\_\_\_

**"An Injury To One Is An Injury To All"**

## GRIEVANCE WORKSHEET

**TO BE COMPLETED PRIOR TO STEP 1 MEETING**

1	GRIEVANT'S NAME (OR CLASS)				SOCIAL SECURITY NO. / EID NO.				HOME PHONE NO.													
	HOME ADDRESS				CITY				STATE				ZIP									
	JOB CLASSIFICATION				CRAFT SENIORITY DATE				SERVICE SENIORITY DATE				DUTY HOURS									
	INSTALLATION				CITY				STATE				VETERAN YES      NO									
	OFF DAYS: Fixed check applicable				SA    SU    M    T    W    TH    F				LEVEL		STEP		REG.		Unassign Reg.		Reserve Reg.		PTR		PTF	
	PAST DISCIPLINARY RECORD (IF RELEVANT)								CELL PHONE NO.													
								EMAIL														
2	VIOLATION: NATIONAL (ART. & SECT.)				LOCAL (ART. & SECT.)				OTHER (EXPLAIN)													
3	FACTS OF GRIEVANCE				DATE(S)				TIME				LOCATION									
WHAT HAPPENED:																						
4																						
CORRECTIVE ACTION REQUESTED:										ADDITIONAL SHEET ATTACHED												
5																						
6	GRIEVANT'S SIGNATURE										DATE											

FILL OUT BELOW IMMEDIATELY AFTER STEP 1 MEETING

7	STEP 1 MEETING: HELD ON (DATE/TIME)				SUPERVISOR'S (NAME & TITLE)				DATE OF DECISION							
	SUSTAINED		DENIED		OTHER (EXPLAIN)											
	IF DENIED, REASON GIVEN															
8	ATTACHMENTS (Check)				WITNESS(ES) STATEMENT(S)				NOTES OF STEP 1 MEETING				OTHER (LIST) _____			

# Step 1 GRIEVANCE WORKSHEET

DATE	BRANCH GRIEV NO.
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GRIEVANT'S NAME (OR CLASS)
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FACTS AND UNION CONTENTIONS (Continued from Page 1):