

**National Postal Mail Handlers Union, Local No.  
Division of the Laborers' International  
Union of North America, AFL-CIO**

*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| WITHDRAWN   | RESOLVED   |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    |   |    |                                         |       |      |      |                  |                 |     |     |
| FROM: LOCAL UNION BRANCH NO.                | BUSINESS ADDRESS                 |                                     |                              |                   |   |    |                                         |       |      |      |                  |                 |     |     |
| STEP 2: AUTHORIZED UNION REP.               |                                  |                                     | PHONE - OFFICE               | 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                        | ZIP               |   |    |                                         |       |      |      |                  |                 |     |     |
| JOB CLASSIFICATION                          | CRAFT SENIORITY DATE             | SERVICE SENIORITY DATE              | DUTY HOURS                   |                   |   |    |                                         |       |      |      |                  |                 |     |     |
| INSTALLATION, STATION OR BRANCH             |                                  | SOCIAL SECURITY NO. / EMPLOYEE ID # |                              | VETERAN<br>YES NO |   |    |                                         |       |      |      |                  |                 |     |     |
| OFF DAYS:<br>FIXED - CHECK<br>AS APPLICABLE | SA                               | SU                                  | M                            | T                 | W | TH | F                                       | LEVEL | STEP | REG. | Unassign<br>Reg. | Reserve<br>Reg. | PTR | PTF |
| STEP 1:<br>DECISION                         | RENDERED ON (DATE/TIME)          |                                     |                              | BY (NAME & TITLE) |   |    | SUPERVISOR'S INITIALS<br>(UPON REQUEST) |       |      |      |                  |                 |     |     |

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

VIOLATION: INCLUDING BUT NOT LIMITED TO NATIONAL (ART. & SECT.) \_\_\_\_\_

LOCAL MOU (ART. & SECT.) \_\_\_\_\_ OTHER GROUNDS: \_\_\_\_\_

FACTS AND UNION CONTENTIONS: DATE, TIME & LOCATION: \_\_\_\_\_

WHAT HAPPENED:

ADDITIONAL SHEET ATTACHED

CORRECTIVE ACTION REQUESTED:

\_\_\_\_\_  
BRANCH PRESIDENT OR STEWARD

\_\_\_\_\_  
SIGNATURE

# STANDARD GRIEVANCE FORM

|      |                  |
|------|------------------|
| DATE | BRANCH GRIEV NO. |
|------|------------------|

|                            |
|----------------------------|
| GRIEVANT'S NAME (OR CLASS) |
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FACTS AND UNION CONTENTIONS (Continued from Page 1):

# STANDARD GRIEVANCE FORM

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| DATE | BRANCH GRIEV NO. |
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FACTS AND UNION CONTENTIONS (Continued from Page 2):