

**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WITHDRAWN	RESOLVED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 YES NO										
OFF DAYS: FIXED - CHECK AS APPLICABLE	SA	SU	M	T	W	TH	F	LEVEL	STEP	REG.	Unassign Reg.	MHA	PTR	PTF
STEP 1: RENDERED ON (DATE/TIME)		BY (NAME & TITLE)			SUPERVISOR'S INITIALS (UPON REQUEST)									
DECISION														

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)

FACTS AND UNION CONTENTIONS (Continued from Page 1):

STANDARD GRIEVANCE FORM

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

GRIEVANT'S NAME (OR CLASS)

FACTS AND UNION CONTENTIONS (Continued from Page 2):