

NATIONAL POSTAL MAIL HANDLERS UNION

|  |  |
| --- | --- |
| **WITHDRAWN** | **RESOLVED** |
| **DATE** |  |
| **MH INITIALS** | **USPS INTIALS** |

**Local 300**

**Division of 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.***

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| **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**  **300** | **BUSINESS ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | |
| **STEP 2: AUTHORIZED UNION REPRESENTATIVE** | | | | | | | | | | | | | | **PHONE - OFFICE** | | | | | | **PHONE - OTHER** | | | | |
| **STEP 1 MEETING: HELD ON DATE / TIME** | | **BETWEEN U.S.P.S. REPRESENTATIVE** | | | | | | | | | | | | **AND GRIEVANT AND OR STEWARD** | | | | | | | | | | |
| **GRIEVANTS NAME (OR CLASS)** | | | | | | | | | | | | | | | | | | | **PHONE** | | | | | |
| **HOME ADDRESS** | | | | | | | **CITY** | | | | | | | | | **STATE** | | | | | | **ZIP** | | |
| **JOB CLASSIFICATION** | | | | **CRAFT SENIORITY DATE** | | | | | | | | **SERVICE SENIORITY DATE** | | | | | | | | | **DUTY HOURS** | | | |
| **INSTALLATION, STATION OR BRANCH** | | | | | | | | | **SOC. SEC. # / EIN** | | | | | | | | | | **VETERAN**  **YES**  **NO** | | | | | |
| **OFF DAYS SAT/SUN/MON/TUE/WED/THU/FRI**  **CHECK**  **AS APPLICABLE** | | | | | | LEVEL | | STEP | | **FTR** | | | UNASSIGN. REG. | | | | | MHA | | | | | **PTR** | PTF |
| **STEP 1: DECISION RENDERED ON DATE / TIME** | | | BY NAME & TITLE | | | | | | | | | | | |  | | **SUPERVISOR INITIALS** | | | | | | | |

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

**VIOLATION: *INCLUDING BUT NOT LIMITED TO* NATIONAL ART &** **SEC LOCAL ART & SECT**

**OTHER GROUNDS:**

**FACTS AND UNION CONTENTIONS: DATE, TIME &** **LOCATION:**

**ISSUE**:

**CORRECTIVE ACTION REQUESTED:**

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**Branch President or Steward SIGNATURE**