

National Postal Mail Handlers Union, Local No. 300

20 W 33rd ST Suite 8A New York, NY 10001-3305

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

"An Injury To One Is An Injury To All"

STEWARD _____

BRANCH GRIEV NO. _____

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		FTR		Unassign. Reg		MHA		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									
4	WHAT HAPPENED:																					
5	CORRECTIVE ACTION REQUESTED:												ADDITIONAL SHEET ATTACHED									
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)

FACTS AND UNION CONTENTIONS (Continued from Page 1):