

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WITHDRAWN	RESOLVED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

OTHER GROUNDS:

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

WHAT HAPPENED:

ADDITIONAL SHEET ATTACHED

CORRECTIVE ACTION REQUESTED:

\_\_\_\_\_  
ADMINISTRATIVE VICE PRESIDENT OR STEWARD

\_\_\_\_\_  
SIGNATURE

# STANDARD GRIEVANCE FORM

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):

# STANDARD GRIEVANCE FORM

DATE	BRANCH GRIEV NO.
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GRIEVANT'S NAME (OR CLASS)
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FACTS AND UNION CONTENTIONS (Continued from Page 2):