

AMERICAN POSTAL WORKERS UNION, AFL-CIO

53  1984

STEP 2 GRIEVANCE APPEAL FORM

1	DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE	LOCAL GRIEVANCE #	USPS GRIEVANCE #
2	TO USPS STEP 2 DESIGNEE (NAME & TITLE)		INSTALLATION/SEC. CEN./BMC		PHONE
3	FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
4	STEP 2 AUTHORIZED UNION REP. - (NAME & TITLE)	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
5	LOCAL UNION PRESIDENT	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)

WHERE - WHEN STEP 1 MEETING & DECISION MET WITH

6	UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP - SUPR	GRIEVANT AND/OR STEWARD			
7	STEP 1 DECISION BY (NAME & TITLE)		DATE & TIME	INITIALS			
8	GRIEVANT PERSON OR UNION (Last Name First)	ADDRESS	CITY	STATE			
9	SOCIAL SEC. NO.	SERVICE SENIORITY CRAFT	FTR - PTR - PTF	LEVEL	STEP	DUTY HRS	OFF DAYS
10	JOB#/PAY LOCATION (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE			LIFETIME SECURITY	VETERAN	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

11 Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)
LOCAL MEMO (ART./SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.

12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT

List of attached papers as identified

13 CORRECTIVE ACTION REQUESTED

SIGNATURE & TITLE OF AUTHORIZED UNION REP.