

**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WITHDRAWN	RESOLVED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)			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 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.
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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):