American Postal Workers Union, AFL-CIO

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 AND TITLE)	INSTALLATION / SEC. CEN./ BMC			PHONE

3 FROM: LOCAL UNION (NAME OF) ADDRESS CITY STATE ZIP

4 STEP 2 AUTHORIZED UNION REP. (NAME AND 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 AND TITLE)	DATE AND TIME	INITIALS — INITIALING ONLY VERIFIES DATE OF DECISION

8 GRIEVANT PERSON OR UNION (Last Name First) ADDRESS CITY STATE ZIP PHONE

9 SOCIAL SECURITY NO.	SERVICE SENIORITY/CRAFT	STATUS	LEVEL	STEP	DUTY HOURS	OFF DAYS ☐ SAT ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI

10 JOB#/PAY LOCATION/ (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE	LIFETIME SECURITY ☐ Yes ☐ No	VETERAN ☐ Yes ☐ No

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 AND TITLE OF AUTHORIZED UNION REP