

GRIEVANCE OUTLINE

1	DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)		CRAFT	DATE	UNION GRIEVANCE #	USPS GRIEVANCE #	
6	UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP - SUPP		GRIEVANT AND/OR STEWARD		
7	STEP 1 DECISION BY (NAME & TITLE)			DATE & TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION	
8	GRIEVANT PERSON OR UNION	ADDRESS	CITY	STATE	PHONE		
9	SOCIAL SEC. NO.	SERVICE SENIORITY CRAFT	FTR - PTR - PTF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LEVEL	STEP	DUTY HRS	OFF DAYS SA SU M T W T F
10	JOB#/PAY LOCATION (UNIT/SEC/BR/STA/OFC)	WORK LOCATION ZIP CODE			LIFETIME SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/>	VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>	

A. *Problem:*

B. *Contract Reference:*

C. *Background:*

D. *Documents:*

E. *Corrective Action:*

F. *Management's Response:*

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Grievant/Union	Nature of Allegation

_____ Date of Request

To: _____ Title: _____

From: _____ Title: _____

Subject: **REQUEST FOR INFORMATION & DOCUMENTS RELATIVE TO
PROCESSING & GRIEVANCE**

We request that the following documents and/or witnesses be made available to us in order to properly identify whether or not a grievance does exist and, if so, their relevancy to the grievance:

NOTE: Article 17, Section 3 requires the Employer to provide for review all documents, files, and other records necessary in processing a grievance. Article 31, Section 2 requires that the Employer make available for inspection by the Unions all relevant information necessary for collective bargaining or the enforcement, administration or interpretation of this Agreement. Under 8a(5) of the National Labor Relations Act it is an Unfair Labor Practice for the Employer to fail to supply relevant information for the purpose of collective bargaining. Grievance processing is an extension of the collective bargaining process.

REQUEST APPROVED

REQUEST DENIED (GIVE REASON)

_____ (date)

_____ (signed)

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	INITIALING ONLY VERIFIES DATE OF DECISION		
8	GRIEVANT PERSON OR UNION (Last Name First)	ADDRESS	CITY	STATE	PHONE		
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.

AMERICAN POSTAL WORKERS UNION, AFL-CIO

1997

STEP 3 GRIEVANCE APPEAL FORM

GRIEVANT—PERSON OR UNION (FROM LINE 8)		WORK LOCATION CITY AND ZIP CODE (FROM LINE 10)		REGIONS GRIEVANCE #	
1 DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)		CRAFT	DATE OF STEP 2	LOCAL GRIEVANCE #	USPS GRIEVANCE #

THE ABOVE GRIEVANCE IS BEING APPEALED TO STEP 3/DATE _____

REGIONAL DIRECTOR OF
EMPLOYEE & LABOR RELATIONS

Any appeal from an adverse decision in Step 2 shall be in writing to the Regional Director for Employee and Labor Relations, with a copy to the Employer's Step 2 representative, and shall specify the reasons for the appeal. (Within fifteen (15) days)

The appeal is in accordance with Article 15 Grievance Arbitration Procedures Sec. 2 Step 2(h) and Step 3(a) for the following reasons:

and we have attached the Step 2 appeal grievance form, the employer's written Step 2 decision and our corrections and additions to the Step 2 decision if we submitted same to employer's Step 2 representative.

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

COPY - LOCAL FILE

COPY - USPS STEP 2 DESIGNEE

SUBMIT UNION'S REGIONAL COPY WITH FILE TO (or as instructed)

NATIONAL BUSINESS AGENT

Sincerely,

Authorized Union Rep.

WITNESS STATEMENT - NAME AND P/L _____

(1) When did it happen? _____

(2) Where did it happen? _____

(3) What did you see? _____

(4) Who was present? _____

(5) What did you hear? _____

(6) Add any other pertinent information here. _____

(use additional paper if necessary)

AMERICAN POSTAL WORKERS UNION, AFL-CIO

INTERVIEW OF WITNESS IN THE COURSE OF
GRIEVANCE INVESTIGATION/PROCESSING

Date: _____ RE: _____

Name of Interviewer: _____

Name of Individual Interviewed and Title: _____

QUESTION: _____

ANSWER: _____

QUESTION: _____

ANSWER: _____

QUESTION: _____

ANSWER: _____

Witness signature

Date

Union Representative

Date

American Postal Workers Union

Local# _____

On _____ we the undersigned mutually agree to extend the time
Date
limits through _____, on Step _____ grievances pertaining to:
Date

Grievant _____

Violation _____

Date(s) of Violation _____

_____ **Union Representative** **Date**

_____ **Management Representative** **Date**

AMERICAN POSTAL WORKERS UNION, AFL-CIO

APPEAL TO ARBITRATION FROM STEP 2 GRIEVANCE FORM



Grievant – Person or Union

Work Location – City, State and Zip Code

USPS Grievance #

Discipline (Nature of) or Contract (Issue)

Craft

Date of Step 2

APWU Grievance #

TO:

[]

Date: _____

[]

Please be advised that pursuant to Article 15, Section 2(h) of the Collective Bargaining Agreement, the Union hereby is appealing the above-referenced grievance to arbitration. This appeal includes a copy of the Step 2 appeal form, the employer’s written Step 2 decision and the union’s corrections and additions to the Step 2 decision if submitted.

Check if applicable

The Postal Serviced refused or failed to schedule a Step 2 meeting or render a Step 2 decision within the prescribed time limits and to provide the union a full statement of the Employer’s understanding of (1) all relevant facts, (2) the contractual provisions involved, and (3) the detailed reasons for denial of the grievance

Local Union (Name of)

Address

City

State

Zip

COPY – Local File

COPY – USPS Step 2 Designee

SUBMIT UNION’S REGIONAL COPY WITH FILE TO:

NATIONAL BUSINESS AGENT

Sincerely,

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Authorized union Rep.

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