

Appendix

A

Forms



American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005

Date: _____

Lamont Brooks
National Business Agent
Clerk Division

Pamela Richardson
National Business Agent
Clerk Division

Nancy Olumekor
National Business Agent
Clerk Division

P.O. Box 3609
Woodmoor Station
Silver Spring, MD 20918
(301) 622-5797
(301) 622-6076 Fax

Local President, _____

Local Name: _____

Improper Appeal to Arbitration

National Executive Board
William Burrus
President

Cliff "C.J." Guffey
Executive Vice President

Robert L. Tunstall
Secretary-Treasurer

Greg Bell
Industrial Relations Director

James "Jim" McCarthy
Director, Clerk Division

Steven G. "Steve" Raymer
Director, Maintenance Division

Robert C. "Bob" Pritchard
Director, MVS Division

Regional Coordinators
Sharyn M. Stone
Central Region

Jim Burke
Eastern Region

Elizabeth "Liz" Powell
Northeast Region

Terry R. Stapleton
Southern Region

Omar M. Gonzalez
Western Region

USPS Regional Case # _____

Local Union Case # _____

X The Case was appealed from Step 2 directly to Arbitration, when it should have been appealed to Step 3 in accordance with Article 15.2 (Step 3).

_____ The Case was appealed from Step 2 to Step 3, when it should have been appealed directly to Arbitration, in accordance with Article 15.2.h (Step 2). These case types are applicable.

1. Discipline cases
2. Article 30 LMOU (interpretation, application or compliance).
3. Issues in MOU Expedited Arbitration (CBA).

Please send the proper appeal via proof of mailing to the Mid-Atlantic Advocacy Office with courtesy copies to the National Business Agent's office and a copy to Local Management. Please include a copy in the grievance file also. With the new appeal, it is important that you include the following documents.

1. Copy of the original appeal to Step 3 or Direct Appeal to Arbitration.
2. Copy of this letter.
3. Copy of contractual provisions agreed to by the parties at the National Level maintaining timeliness of the grievance. (Copies of the MOU's are attached to this letter. Please take care of this matter as expeditious as possible.

Lamont Brooks
National Business Agent

LABOR RELATIONS




Mr. Greg Bell
Director, Industrial Relations
American Postal Workers Union, AFL-CIO
1300 L Street, NW
Washington, DC 20005

SUBJECT: MOU - Timeliness Regarding Step 2(h) Appeals

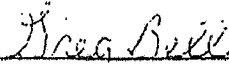
Dear Greg:

This letter confirms our mutual understanding of the issue discussed with Doug Tulino on March 10, 1999 regarding the intent of the above-referenced Memorandum of Understanding. This memorandum includes the scenario where the union incorrectly appeals a grievance under Article 15.2 Step 2(h) directly to arbitration that should have been appealed to Step 3. The grievance will not be waived as untimely provided the union can show a timely appeal to arbitration. If no timely appeal can be established by the union, then management retains the right to raise the timeliness issue.



Peter A. Sgro
Acting Manager
Contract Administration
(APWU/NPMHU)

Date: 3/19/99



Greg Bell
Director, Industrial Relations
American Postal Workers Union,
AFL-CIO

Date: 3/17/99

475 L'ENFANT PLAZA SW
WASHINGTON DC 20260-4100



American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005

Date: _____

Lamont Brooks
National Business Agent
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Local President, _____

Local Name: _____

Improper Appeal to Arbitration

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USPS Regional Case # _____

Local Union Case # _____

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X The Case was appealed from Step 2 to Step 3, when it should have been appealed directly to Arbitration, in accordance with Article 15.2.h (Step 2). These case types are applicable.

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2. Article 30 LMOU (interpretation, application or compliance).
3. Issues in MOU Expedited Arbitration (CBA).

Please send the proper appeal via proof of mailing to the Mid-Atlantic Advocacy Office with courtesy copies to the National Business Agent's office and a copy to Local Management. Please include a copy in the grievance file also. With the new appeal, it is important that you include the following documents.

1. Copy of the original appeal to Step 3 or Direct Appeal to Arbitration.
2. Copy of this letter.
3. Copy of contractual provisions agreed to by the parties at the National Level maintaining timeliness of the grievance. (Copies of the MOU's are attached to this letter. Please take care of this matter as expeditious as possible.

Lamont Brooks
National Business Agent

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE
UNITED STATES POSTAL SERVICE
AND THE
AMERICAN POSTAL WORKERS UNION,
AFL-CIO**

RE: Timeliness Regarding Step 2(h) Appeals

When the Union incorrectly appeals a grievance under Article 15.2 Step 2(h) to Step 3 rather than to Arbitration, and can show the appeal was made timely, Management will not consider timeliness as a waiver of the grievance. If no timely appeal to Step 3 can be established by the Union then Management retains the right to raise the timeliness issue.

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE
UNITED STATES POSTAL SERVICE
AND THE
AMERICAN POSTAL WORKERS UNION,
AFL-CIO**

Re: Grievance/Arbitration Appeals

Arbitration panels will be established by **District**, so each **District** will have its own panels. Grievance and arbitration appeals to the former Regional Level will be made to the five grievance/arbitration processing centers located at the five Area offices previously identified as Regional Offices. Cases will be scheduled for arbitration by the parties in those offices.

This Memorandum is intended to continue the practices by which the above-referenced activities are currently being

STEP 2 DIRECT APPEAL TO ARBITRATION

A. Discipline

B. LMOU (Article 30)

C. Expedited Arbitration

1. **Individual** Overtime Issues
2. Withholding of Step Increases
3. **Individual** Leave Requests Concerning Annual Leave, Sick Leave, Leave Without Pay, Court Leave, Restricted Sick Leave, and Requests for Medical Certification.
4. AWOL
5. **Individual** Holiday Scheduling Issues
6. Suspensions (Except Emergency Suspensions)
7. Article 25, Higher Level Assignments
8. Employee Claims
9. Letters of Demand of Less Than \$2,000
10. **Individual** Clerk Craft Seniority Disputes
11. Such Other Matters as are Mutually Agreeable at the Area/Regional Level

Article 15.2(Step2) (h) states: "The Union may appeal an adverse Step 2 decision to Step 3. Any such appeal must be made within fifteen (15) days after receipt of the Employer's decision unless the parties' representatives agree to extend the time for appeal. **However, the Union may appeal an adverse Step 2 decision directly to arbitration for disciplinary grievances or contract grievances which involve the interpretation, application of, or compliance with provisions of any Local Memorandum of Understanding not in conflict with this Agreement, and those issues the parties have agreed are appealed to Expedited Arbitration. These grievances will be appealed to the appropriate Grievance/Arbitration Processing Center within thirty (30) days after the receipt of the Employer's Step 2 decision.** Any appeal must include copies of (1) the standard grievance form, (2) the Employer's written Step 2 decision, and, if filed, (3) the Union corrections or additions to the Step 2 decision."

APWU STEP THREE WORKSHEET

Date: _____

USPS Grievance #: _____

Local Grievance #: _____

APWU REPRESENTATIVE

Lamont Brooks ()
Pamela Richardson ()
Nancy E. Olumekor ()
Other ()

USPS REPRESENTATIVE

James Varsalone ()
Jeff Olesnevich ()
John Simaitis ()
Other ()

Positions of the parties:

1. Same arguments advanced from previous step ()
2. USPS made additional arguments at step three ()

Union's rebuttal to USPS step three argument

Remarks:

Status:

1. USPS Denial and Appealed to Arbitration by Union ()
2. Grievance Withdrawn by Union ()
3. Grievance Resolved ()
4. Grievance Remanded to Step Two for further development ()
5. Interpretive, Referred to Step Four ()
6. Held in Abeyance Pending National Case # _____ ()

Lamont Brooks

Signature of Clerk NBA

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Date: _____
Certified mail # _____
Confirmation # _____

GRIEVANCE INADVERTANTLY APPEALED TO STEP 3

**TO: Grievance and Arbitration Processing Center
Appeal to Arbitration
Post Office Box 9799
Chester, PA 19013-9799**

USPS Grievance # _____
Local Grievance # _____
Grievant: _____
Contractual Violation: _____
Installation: _____

The above referenced grievance(s) was inadvertently appealed to step three instead of being directly appealed to arbitration.

Your office received this grievance via certified mail/delivery confirmation # _____ as our records indicate. Please place this grievance on the pending arbitration list in your computer system. A proper step two appeal to arbitration has completed and attached in accordance with Article 15. We will update our files and system accordingly.

If there is any problem accommodating this request please contact the appropriate National Business Agent of the APWU.

Your prompt attention to this matter is greatly appreciated!

Sincerely,

Authorized Union Representative

Name of Local: _____
Address: _____
Telephone Number: _____

Cc: National Business Agents
Post Office Box 3609
Woodmoor Station
Silver Spring, MD 20918

AMERICAN POSTAL WORKERS UNION, AFL-CIO

(Attach to step 2 grievance appeal form)

LIST OF ATTACHED DOCUMENTS

Local Grievance # _____

Grievant: _____

Issue: _____

1. **Step One Worksheet (if applicable)** _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
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23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____

Signature and Title

page () of ()

AMERICAN POSTAL WORKERS UNION, AFL-CIO

GRIEVANCE CHRONOLOGY

LOCAL GRIEVANCE NUMBER: _____

1. _____ Date of contractual violation, receipt of letter of charges or other reason for the grievance.
2. _____ Last date for Step 1 grievance meeting (within 14 days of #1 above)
3. _____ Step 1 meeting held (within 14 days of #1 above)
4. _____ Last date for Step 1 oral decision from USPS (within 5 days of meeting)
5. _____ Step 1 oral decision from USPS (within 5 days of meeting)
6. _____ USPS initials on Step 2 form (within 5 days after step one decision)
7. _____ Last date for Step 2 Appeal to USPS Step 2 designee (within 10 days of Step 1 decision)
8. _____ Date of Step 2 Appeal to USPS Step 2 designee (within 10 days of Step 1 decision)
9. _____ Last date for Step 2 meeting with USPS Step 2 designee (within 7 days after receipt of Step 2 appeal)
10. _____ Date of Step 2 meeting with USPS Step 2 designee (within 7 days after receipt of step 2 appeal)
11. _____ Last date of Employer's Step 2 decision, in writing to Union (within 10 days of Step 2 meeting)
12. _____ Date of Employer's Step 2 decision, in writing, to Union (within 10 days of Step 2 meeting)
13. _____ Written statement by union to USPS, listing any corrections or additions to Step 2 decision (within 10 days of receipt of Step 2 decision)
14. _____ Last date for Step 3 appeal (within 15 days after receipt of Employer's Step 2 decision)
15. _____ Date of Step 3 appeal (within 15 days after receipt of Employer's Step 2 decision.
16. _____ Last day for Direct Appeal from Step 2 to Arbitration (within 30 days of receipt of Employer's step 2 decision)

In accordance with Article 15.4.B and C., the Union must move the grievance to the next step, within the prescribed time limits even if the USPS fails to schedule a meeting or render a decision.

Grievants Name _____

Telephone #(home) _____ (work) _____

Grievants Address _____

The Union must initiate a grievance at Step 1 within 14 days of the date the employee feels aggrieved or a violation occurred with the supervisor who shall have the authority to settle the grievance.

The supervisor shall render a decision orally stating the reason for the decision in 5 days.

The Union shall be entitled to appeal an adverse decision to Step 2 within 10 days.

At Step 2 the parties should have developed all necessary facts and all relevant documents in accordance with Article 31.

An adverse Step 2 decision must be in writing with a full statement of all relevant facts, the contractual provisions involved, plus a detailed reason for the denial within 10 days.

The Union must write a statement of corrections or additions when management's facts or contentions are incomplete or inaccurate in their Step 2 decision. *WITHIN 10 days -*

This Step 2 decision may be appealed to Step 3 within 15 days or appealed to arbitration within **30 days (keep everything timely and number all pages in the file.)**

1. _____ Step 2 Appeal to Arbitration in **30** days.
2. _____ Step 3 Appeal in 15 days.
3. _____ Grievant's letter of charges or other reason for grievance.
4. _____ Step 2 Decision additions and corrections.
5. _____ Step 2 Decision from management.
6. _____ Grievant's own statements of events (**FOR THE UNION ONLY**).
7. _____ Request for information forms.
8. _____ Copy of all information - Local Memo, section from the right handbook or manual, document, (Step 1 Grievance Form.)

DO NOT SEND THIS FORM IN YOUR PACKET TO MANAGEMENT

DATE _____

TO: POSTMASTER
U.S. POSTAL SERVICE
AMERICA, U.S.A.

The attached is a favorable decision in behalf of the Union concerning the following appeal:

GRIEVANT: _____

NATURE OF APPEAL: _____

APPEAL CASE NUMBER: _____

This decision was rendered at the _____ level of the grievance procedure provided for in accordance with Article 15.

Will you kindly advise me of the date the decision is implemented within your office and kindly advise if the following supervisors—who have denied the appeal before this favorable decision—have been notified about the results:

1. _____

2. _____

3. _____

Your written reply will be appreciated. Thank you.

SIGNED _____

TITLE _____

APWU STEP THREE WORKSHEET

Date: _____

USPS Grievance #: _____

Local Grievance #: _____

APWU REPRESENTATIVE

Lamont Brooks ()
Pamela Richardson ()
Nancy E. Olumekor ()
Other ()

USPS REPRESENTATIVE

James Varsalone ()
Jeff Olesnevich ()
John Simaitis ()
Other ()

Positions of the parties:

1. Same arguments advanced from previous step ()
2. USPS made additional arguments at step three ()

Union's rebuttal to USPS step three argument

Remarks:

Status:

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3. Grievance Resolved ()
4. Grievance Remanded to Step Two for further development ()
5. Interpretive, Referred to Step Four ()
6. Held in Abeyance Pending National Case # _____ ()

Signature of Clerk NBA



American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005

Lamont Brooks
National Business Agent
Clerk Division
Pamela Richardson
National Business Agent
Clerk Division
Nancy Olumekor
National Business Agent
Clerk Division
P.O. Box 3609
Woodmoor Station
Silver Spring, MD 20918
(301) 622-5797
(301) 622-6076 Fax

RE: Local Grievance # _____

Dear Local President:

The above cited case has been received by this office and logged into our system.

FACTUAL, DETAILED DOCUMENTATION IS NECESSARY TO ENABLE A PROPER ANALYSIS OF YOUR CASE. WE NEED THE FOLLOWING DOCUMENTATION TO MAKE THIS FILE COMPLETE:

- copy of pre-discipline interview
copy of letter of warning or date of discussion, if known
notice of suspension or removal
doctor's certificate or other medical evidence
forms for family medical leave
copy of form 3971
individual absence report - form 3972
individual clock rings
overtime desired list and chart
list of all employees who worked or did not work
grievant's statement and witnesses' statements
copy of local memorandum of understanding
copy of any section of any hand book relevant to the case
copy of letter of demand
copy of form 3294 count sheet
copy of form 3368 audit history
copy of form 3369 stock history
copy of last audit and was it within 4 months
copy of key check records (every 6 months)
copy of supervisor's form 2608 step 1 meeting
copy of form 17
copy or check form 3977 (key envelope)
check current status of the main stock

National Executive Board
William Burrus
President

CHF "C.J." Guffey
Executive Vice President

Robert L. Tunstall
Secretary-Treasurer

Greg Bell
Industrial Relations Director

James "Jim" McCarthy
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Robert C. "Bob" Pritchard
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Regional Coordinators
Sharyn M. Stone
Central Region

Jim Burke
Eastern Region

Elizabeth "Liz" Powell
Northeast Region

Terry R. Stapleton
Southern Region

Omar M. Gonzalez
Western Region

OTHER: _____

Keep in mind that as your grievances progress it becomes more difficult for the Union to defend without all the facts.

Lamont Brooks
LAMONT BROOKS

Pamela Richardson
PAMELA RICHARDSON

Nancy Olumekor
NANCY OLUMEKOR

DATE REQUESTED: _____



American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005

Date: _____

Lamont Brooks
National Business Agent
Clerk Division

Pamela Richardson
National Business Agent
Clerk Division

Nancy Olumekor
National Business Agent
Clerk Division

P.O. Box 3609
Woodmoor Station
Silver Spring, MD 20918
(301) 622-5797
(301) 622-6076 Fax

Local President, _____

Local Name: _____

Improper Appeal to Arbitration

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USPS Regional Case # _____

Local Union Case # _____

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2. Copy of this letter.
3. Copy of contractual provisions agreed to by the parties at the National Level maintaining timeliness of the grievance. (Copies of the MOU's are attached to this letter. Please take care of this matter as expeditious as possible.

Regional Coordinators

Sharyn M. Stone
Central Region

Jim Burke
Eastern Region

Elizabeth "Liz" Powell
Northeast Region

Terry R. Stableton
Southern Region

Omar M. Gonzalez
Western Region

Lamont Brooks
National Business Agent

SETTLEMENT IMPLEMENTATION FORM

DATE _____

TO: POSTMASTER
U.S. POSTAL SERVICE
AMERICA, U.S.A.

The attached is a favorable decision in behalf of the Union concerning the following appeal:

GRIEVANT: _____

NATURE OF APPEAL: _____

APPEAL CASE NUMBER: _____

The decision was rendered at the _____ level of the grievance procedure provided for in accordance with Article 15.

Will you kindly advise me of the date the decision is implemented within your office and kindly advise if the following supervisors—who have denied the appeal before this favorable decision—have been notified about the results:

1. _____

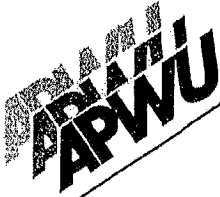
2. _____

3. _____

Your written reply will be appreciated. Thank you.

SIGNED _____

TITLE _____



American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005

Lamont Brooks
National Business Agent
Clerk Division

Pamela Richardson
National Business Agent
Clerk Division

Nancy Olumekor
National Business Agent
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P.O. Box 3609
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RE: Local Grievance # _____

Dear Local President:

The above cited case has been received by this office and logged into our system.

FACTUAL, DETAILED DOCUMENTATION IS NECESSARY TO ENABLE A PROPER ANALYSIS OF YOUR CASE. WE NEED THE FOLLOWING DOCUMENTATION TO MAKE THIS FILE COMPLETE:

- _____ copy of pre-discipline interview
- _____ copy of letter of warning or date of discussion, if known
- _____ notice of suspension or removal
- _____ doctor's certificate or other medical evidence
- _____ forms for family medical leave
- _____ copy of form 3971
- _____ individual absence report - form 3972
- _____ individual clock rings
- _____ overtime desired list and chart
- _____ list of all employees who worked or did not work
- _____ grievant's statement and witnesses' statements
- _____ copy of local memorandum of understanding
- _____ copy of any section of any hand book relevant to the case
- _____ copy of letter of demand
- _____ copy of form 3294 count sheet
- _____ copy of form 3368 audit history
- _____ copy of form 3369 stock history
- _____ copy of last audit and was it within 4 months
- _____ copy of key check records (every 6 months)
- _____ copy of supervisor's form 2608 step 1 meeting
- _____ copy of form 17
- _____ copy or check form 3977 (key envelope)
- _____ check current status of the main stock

National Executive Board
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President

Cliff "C.J." Guffey
Executive Vice President

Robert L. Tunstall
Secretary-Treasurer

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Western Region

OTHER: _____

Keep in mind that as your grievances progress it becomes more difficult for the Union to defend without all the facts.

Lamont Brooks

LAMONT BROOKS

Pam Richardson

PAMELA RICHARDSON

Nancy Olumekor

NANCY OLUMEKOR

DATE REQUESTED: _____



American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005

June 25, 2002

Lamont Brooks
National Business Agent
Clerk Division
P.O. Box 3609
Woodmoor Station
Silver Spring, MD 20918
(301) 622-5797
(301) 622-6076 Fax

New Argument in USPS Step Three Answers

The Union reserves the right to add to contentions and facts at the arbitration hearing, in accordance with Article 15 of the Collective Bargaining Agreement. **Detailed facts and contentions are required to be made by both parties at step two of the grievance procedure.**

National Executive Board
William Burrus
President

Cliff "C.J." Guffey
Executive Vice President

Robert L. Junstall
Secretary-Treasurer

Greg Bell
Industrial Relations Director

James "Jim" McCarthy
Director, Clerk Division

Steven G. "Steve" Rayer
Director, Maintenance Division

Robert C. "Bob" Pritchard
Director, MVS Division

The USPS has recently started making **new argument** at step three of the grievance procedure. **These arguments and positions have been made specifically in the USPS Step Three Answers.**

In accordance with the Collective Bargaining Agreement, the Union is not afforded an opportunity to make additions and corrections to the USPS step three answer, as the parties have not negotiated these rights.

The Union's position is any new argument made by the USPS via their step three answer is new argument, as neither party at Step one, two or three was able to address this new position.

Regional Coordinators
Sharyn M. Stone
Central Region

Jim Burke
Eastern Region

Elizabeth "Liz" Powell
Northeast Region

Terry R. Stapleton
Southern Region

Omar G. Gonzalez
Western Region

The Union reserves the right to send the case to step four as interpretive under the Collective Bargaining Agreement.

Certified mail w/return receipt _____

Sincerely,

Lamont Brooks
National Business Agent

Washington DC Region, Clerk Craft
American Postal Workers Union
cc: Jim Burke, APWU Eastern Region Coordinator

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Grievant/Union _____ Nature of Allegation _____

Date of 1st Request by APWU

Date Received by USPS

Date of 2nd Request by APWU

Date Received by USPS

To: _____ Title: _____
From: _____ Title: _____

**Subject: REQUEST FOR INFORMATION & DOCUMENTS RELATIVE TO
PROCESSING A 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.

(Check, if provided)

- 1. _____ ()
- 2. _____ ()
- 3. _____ ()
- 4. _____ ()
- 5. _____ ()
- 6. _____ ()
- 7. _____ ()
- 8. _____ ()
- 9. _____ ()
- 10. _____ ()
- 11. _____ ()
- 12. _____ ()
- 13. _____ ()
- 14. _____ ()
- 15. _____ ()
- 16. _____ ()

NOTE: Section 352 and Appendix 120.090 of the ASM covers the USPS requirements for providing information to the union. Chapter 2 of the EL-806 covers the release of medical documents to the union. The Joint Contractual Manual (JCAM) covers the time period and requirements for the release of information to the union and written reasons why the information request is not granted in the time period required. 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 3 requires that the Employer make available for inspection by the Union 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

(DATE OF DECISION)

(SIGNATURE REQUIRED)

AMERICAN POSTAL WORKERS UNION, AFL-CIO

STEP 2 APPEAL TO ARBITRATION GRIEVANCE FORM

GRIEVANT - PERSON OR UNION _____ WORK LOCATION CITY, STATE, ZIP CODE _____ USPS GRIEVANCE # _____

DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE) CRAFT _____ DATE OF STEP 2 _____ APWU GRIEVANCE # _____

TO: **Grievance and Arbitration Processing Center** Date: _____
Attn: Appeal to Arbitration
P.O. Box 9799 Confirmation # _____
Chester PA 19013-9799 Certified # _____

Please be advised that pursuant to Article 15, Section 2 Step 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 Service refused or failed to schedule a Step 2 meeting or render a written 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 _____

SUBMIT UNION'S REGIONAL COPY WITH FILE TO: Copy - Local File Copy - USPS Step 2 Designee Copy - APWU Coordinator

American Postal Workers Union
CLERK CRAFT ONLY
National Business Agents:
Lamont Brooks (A)
Pamela Richardson (B)
Nancy Olumekor (C)
POB 3609/ Woodmoor Station
Silver Spring, MD 20918

Sincerely,

 Authorized Union Rep.
Jim Burke, Coordinator
As Authorized by President Bill Burrus

Please check the Expedited or Regular Arbitration Panel box based on type of grievances listed below that may be appealed from Step 2 to arbitration pursuant to Step 2 (h) of the National Agreement.

Expedited Arbitration Panel Issues:

- AWOL
- Letters of Warning
- Suspensions of 14 Days or Less
- Letter of Demand of Less Than \$2,000
- Withholding of Step Increases
- Article 25-Higher Level Assignments
- Individual Grievances for: Overtime, Annual Leave, Sick Leave, Leave Without Pay, Court Leave, Restricted Sick Leave, Requests for Medical Certification, Holiday Scheduling, Clerk Craft Seniority Disputes

Regular Arbitration Panel Issues:

- Suspensions of More Than 14 Days or Discharge
- Indefinite Suspension Crime Situation
- Emergency Procedure
- LMOU Disputes - Grievances where the primary article(s) or dispute(s) being grieved is over the interpretation, application of, or compliance with the Local Memorandum of Understanding
- Safety and Health

American Postal Workers Union, AFL-CIO

Confirmation Number# _____

Certified # _____

Step 3
Grievance
Appeal Form

| | | | |
|----------------------------|---------------------------------------|----------------|-------------------|
| Grievant - Person or Union | Work Location - City, State, Zip Code | | Regional # |
| Article #/Issue | Craft | Date of Step 2 | Local Grievance # |

The Above Grievance is Being Appealed to Step 3 Date _____

Grievance and Arbitration Processing
Center - Step 3 Appeal
P.O. Box 9799
Chester, PA 19013-9799

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 Section 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 and we submitted same to the employer's Step 2 representative.

| | | | | |
|--------------------|---------|------|-------|-----|
| From - Local Union | Address | City | State | Zip |
|--------------------|---------|------|-------|-----|

Copy - Local File
Copy - USPS Step 2 Designee

SUBMIT UNION'S REGIONAL COPY WITH FILE TO:

American Postal Workers Union
National Business Agents:
Lamont Brooks (A)
Pamela Richardson (B)
Nancy Olumekor (C)
POB 3609/ Woodmoor Station
Silver Spring, MD 20918

Sincerely,

Authorized Representative

| | | | | | | |
|--|-------------------------|---|-------------|-----------------------------|---|---|
| DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE) | | CRAFT | DATE | LOCAL GRIEVANCE # | USPS GRIEVANCE # | |
| UNIT/SEC/BR/STA/OFC | DATE/TIME | USPS REP--SUPR | | GRIEVANT AND/OR STEWARD | | |
| STEP 1 DECISION BY (NAME & TITLE) | | | DATE & TIME | INITIALS | INITIALING ONLY VERIFIES DATE OF DECISION | |
| GRIEVANT PERSON OR UNION (Last Name First) | | ADDRESS | CITY | STATE | PHONE | |
| 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 | | |
| JOB # PAY LOCATION (UNIT/SEC/BR/STA/OFC) | | WORK LOCATION CITY AND ZIP CODE | | | LIFETIME SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/> C | VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/> C |

Notes:

(a) Problem:

(b) Background:

(c) Documents:

(d) Corrective Action:

(e) Management's Response:

American Postal Workers Union, AFL-CIO

Local: _____

Installation: _____

On _____, we the undersigned agree to extend the time
date
limit through _____, on Step One / Step Two grievance(s)
circle one

pertaining to:

Grievant: _____

Violation: _____

Date(s) of Violation: _____

Local Grievance Number (if applicable): _____

Union Representative Date

Management Representative Date

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, AFL-CIO

Grievant/Union _____ Nature of Allegation _____

Date of 1st Request by APWU

Date Received by USPS

Date of 2nd Request by APWU

Date Received by USPS

To: _____ Title: _____
From: _____ Title: _____

**Subject: REQUEST FOR INFORMATION & DOCUMENTS RELATIVE TO
PROCESSING A 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.

(Check, if provided)

- 1. _____ ()
- 2. _____ ()
- 3. _____ ()
- 4. _____ ()
- 5. _____ ()
- 6. _____ ()
- 7. _____ ()
- 8. _____ ()
- 9. _____ ()
- 10. _____ ()
- 11. _____ ()
- 12. _____ ()
- 13. _____ ()
- 14. _____ ()
- 15. _____ ()
- 16. _____ ()

NOTE: Section 352 and Appendix 120.090 of the ASM covers the USPS requirements for providing information to the union. Chapter 2 of the EL-860 covers the release of medical documents to the union. The Joint Contractual Manual (JCAM) covers the time period and requirements for the release of information to the union and written reasons why the information request is not granted in the time period required. 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 3 requires that the Employer make available for inspection by the Union 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

(DATE OF DECISION)

(SIGNATURE REQUIRED)

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Grievant/Union _____ Nature of Allegation _____

Date of 1st Request by APWU

Date Received by USPS

Date of 2nd Request by APWU

Date Received by USPS

To: _____ Title: _____

From: _____ Title: _____

**Subject: REQUEST FOR INFORMATION & DOCUMENTS RELATIVE TO
PROCESSING A 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.

(Check, if provided)

1. _____ ()
2. _____ ()
3. _____ ()
4. _____ ()
5. _____ ()
6. _____ ()
7. _____ ()
8. _____ ()
9. _____ ()
10. _____ ()
11. _____ ()
12. _____ ()
13. _____ ()
14. _____ ()
15. _____ ()
16. _____ ()

NOTE: Section 352 and Appendix 120.090 of the ASM covers the USPS requirements for providing information to the union. Chapter 2 of the EL-806 covers the release of medical documents to the union. The Joint Contractual Manual (JCAM) covers the time period and requirements for the release of information to the union and written reasons why the information request is not granted in the time period required. 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 3 requires that the Employer make available for inspection by the Union 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

(DATE OF DECISION)

(SIGNATURE REQUIRED)

STEP 1 RESOLUTION

DATE OF HEARING _____

GRIEVANT'S NAME _____

TITLE _____

GRIEVANCE RESOLUTION

AS A FULL AND FINAL SETTLEMENT TO THIS MATTER, THE PARTIES
MUTUALLY AGREE TO THE FOLLOWING:

IT IS ALSO MUTUALLY AGREED THAT THIS AGREEMENT IS NON-
PRECEDENT AND IS NOT TO BE CITED BY EITHER PARTY IN ANY
OTHER GRIEVANCE OR ARBITRATION CASE.

SUPERVISOR

STEWARD

DATE SIGNED

DATE SIGNED

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Date: _____
Certified mail # _____
Confirmation # _____

GRIEVANCE INADVERTANTLY APPEALED TO ARBITRATION

**TO: Grievance and Arbitration Processing Center
Appeal to Arbitration
Post Office Box 9799
Chester, PA 19013-9799**

USPS Grievance # _____
Local Grievance # _____
Grievant: _____
Contractual Violation: _____
Installation: _____

The above referenced grievance(s) was inadvertently appealed to arbitration directly from step two instead of being appealed to step three.

Your office received this grievance via certified mail/delivery confirmation # _____ as our records indicate. Please place this grievance on the appeal to step three list in your computer system. A proper step three appeal has been completed and attached in accordance with Article 15. We will update our files and system accordingly.

If there is any problem accommodating this request please contact the appropriate National Business Agent of the APWU.

Your prompt attention to this matter is greatly appreciated!

Sincerely,

Authorized Union Representative

Name of Local: _____
Address: _____
Telephone Number: _____

Cc: National Business Agents
Post Office Box 3609
Woodmoor Station
Silver Spring, MD 20918

Appendix B

Forms List

| Form ID | Title | References |
|---------|--|--|
| 7 | Service Record Card | 314.61 |
| 50 | Notification of Personnel Action | 323.83, 364.11, 421.516, 421.526, 422.354, 422.355, 435.31, 437.4, 474.9, 512.554a,b,c,d, 514.52, 519.43, 552.411, 552.412, 552.5, 553.11, 553.111, 553.112, 553.113, 553.123, 553.132, 935.26 |
| 50-B | Request for Personnel Action (Processing Copy of New Hires Only) | 546.633 |
| 85 | Nonsensitive Security Clearance | 314.24 |
| 180 | Certificate of Training | 732.15 |
| 202 | Health Benefits Refund Payment Authorization | 525.132c, 525.132d |
| 337 | Clearance Record for Separated Employee | 365.173, 936.42 |
| 820 | Ranking of Position Request | 155.1, 215.2, 231.1, 232, 232.3, 233 |
| 1012 | Travel Voucher | 716.11, 742.411, 742.42 |
| 1017-A | Time Disallowance Record | 432.72 |
| 1164 | Claim for Reimbursement for Expenditures on Official Business | 742.411 |
| 1188 | Cancellation of Organization Dues From Payroll Withholdings | 925.11, 925.122a,b,c,d, 925.4, 925.5 |
| 1216 | Employee's Current Mailing Address | 364.2, 593.33, 666.7 |
| 1221 | Advance Sick Leave Authorization | 513.522 |
| 1223 | Statement of Earnings and Deductions | 422.354, 924.71 |
| 1224 | Court Duty Leave, Statement of Service | 516.46a |
| 1303 | Salary Change Notices | 437.4 |
| 1314-A | Auxiliary Rural Carrier Time Certificate | 516.46b |
| 1555 | Statement of Account | 867.133a |
| 1723 | Assignment Order | 353.332, 422.42 |
| 1727 | Award Recommendation/Authorization | 471.32, 474.6, 474.9, 475.6, 635.32 |
| 1734 | Record of Training | 732.14, 742.5 |
| 1750 | Employee Probationary Period Evaluation Report | 378.11 |
| 1764 | Accident Analysis Summary | 821.44 |
| 1767 | Report of Hazard, Unsafe Condition or Practice | 825.511b, 825.7, 825.71, 825.72, 825.735 |
| 1768 | Safe Driver Award Committee Decision | 842.254c |

| Form ID | Title | References |
|------------|--|---|
| 1769 | Accident Report | 821.31, 821.311, 821.312f, 821.313, 821.314, 821.315, 821.316, 821.317, 821.33, 821.331, 821.341, 825.511b, 826.621 |
| 1772 | Accident Log | 821.32, 825.511b, 826.621 |
| 1773 | Report of Hazard Log | 825.734 |
| 1782 | Training Request and Authorization | 714.122, 732.13, 742.1, 742.21, 742.3, 742.3c,d, 742.411, 742.412, 742.42, 742.5, 743.1, 743.223, 743.423, 743.43, 753.11d, 754.6 |
| 1783 | On-the-Job Safety Review Analysis | 821.22d |
| 1784 A & B | Safety and Health Inspection Checklist | 825.12, 825.511b, 852.1, 852.2 |
| 1784-C | Safety and Health Deficiency Report | 825.62, 825.64 |
| 1902 | Justification for Billing Accounts Receivable | 452.11, 743.43, 462.11 |
| 1903-DZ | Invoice and Statement | 743.43 |
| 1961 | Employee Uniform Allowance Statement | 936.57 |
| 2146 | Employee's Claim for Personal Property | 645.2 |
| 2240 | Pay, Leave, or other Hours Adjustment Request | 452.11, 462.11, 594.32, 594.468, 594.5 |
| 2246 | Terminal Leave Worksheet | 512.71, 512.813 |
| 2248 | Monetary Payroll Adjustment | 452.11, 462.211 |
| 2342 | Request: Unemployment Compensation Data | 551.422 |
| 2411 | Check List for Pre-Retirement Interviews | 569.125 |
| 2417 | Confidential Statement of Employment and Financial Interests (for Use by Postal Service Employees) | 662.11, 662.13 |
| 2418 | Confidential Statement of Employment and Financial Interests (for Use by Postal Service Employees) | 662.14 |
| 2432 | Individual Training Progress Report | 438.222, 732.11 |
| 2548 | Individual Training Record | 732.12 |
| 2485 | Medical Examination and Assessment | 546.621b |
| 2489 | Identification of Physical/Mental Disability | 546.621b |
| 2490 | Medical Bill Certification For Job-Related Injuries | 541.3 |
| 2491 | Medical Report—First Aid Injuries | 541.3 |
| 2533 | Limited Duty Assignment | 314.43d |
| 2556 | Third Party Statement of Recovery | 541.3, 545.871, 545.872, 545.873a,b(1), 545.874, Ex. 545.857a, Ex. 545.857c |
| 2557 | Employee's Third-Party Recovery Statement | 541.3, 545.858d, Ex. 545.858a,c, Ex. 545.859c, 545.873a,b, 545.874 |
| 2559 | Third Party Claim—Information Request | 541.3, 545.859a, Ex. 545.859a,b |
| 2560 | Referral of Third Party Material | 541.3, 545.859e |
| 2562 | Injury Compensation Program—Notice of Potential Third Party Claim | 541.3, 545.855, Ex. 545.855, 545.857a,c(1), 545.858a, 545.859a |
| 2572 | Injury Compensation Data Collection | 541.3 |
| 2572A | Injury Claims Analysis—Update Worksheet | 541.3 |
| 2573 | Request—OWCP Claim Status | 541.3, 545.94 |

| Form ID | Title | References |
|-----------|---|--|
| 2577 | Assignment of Claim to the USPS | 541.3, 545.859d,f, 545.872, Ex. 545.859f |
| 2591 | Application for Employment | 323.84 |
| 3074 | Request for Waiver of Claim for Erroneous Payment of Pay | 437.32, 437.5 |
| 3111 | Specific Notice to Employees Entering (or already in) Nonpay Status—Change in Health Benefits Regulations | 525.222, 525.223 |
| 3132 | Correspondence Course Application | |
| 3189 | Request for Temporary Schedule Change for Personal Convenience | 516.44c |
| 3239 | Payroll Deduction Authorization to Liquidate Postal Service Indebtedness | Ex 452.22, Ex 452.233, 462.5, 463.23 |
| 3241 | Statement of Receipts and Disbursements | 615.62, Ex. 615.62 |
| 3544 | Post Office Receipt for Money | 545.873b |
| 3971 | Request for or Notification of Absence | 511.23, 511.42, 512.411, 512.412, 512.421, 512.422, 512.423, 513.34, 513.341, 513.342, 513.35, 514.51, 515.42, 515.51, 519.732a,b |
| 3972 | Absence Analysis | 511.42 |
| 3973 | Military Leave Control | 517.91, 517.92 |
| 4584 | Observation of Driving Practices | 831.331 |
| 4943 | Locker Record | 612.241 |
| 5900 | Hiring Worksheet | 342.11 |
| 6375 | Uniform Allowance Stop Payment Notice | 936.56 |
| 6802 | Request for Job Evaluation Action | 142.21, 142.23, 142.24, 142.25, 143.1a, 215.1, Ex. 215.1, 222, 222.1, 222.4, 223.1, 223.21, 223.21a |
| 6803 | Wage and Separation Information | 551.422, 552.32i, 552.611, 552.612, 553.131a,b,c,d, 553.132, 553.133, 553.212, 553.221, 553.23a,b,c |
| 6886 | Thrift Savings Plan Request for Retroactive Contributions | 594.42, 594.43, 594.451, 594.461, 594.462, 594.467, 594.5 |
| 7314 | Medical Agreement | 867.131a,c |
| 7380 | Supply Center Requisition | 529.31, 539.42, 442.3 |
| 7381 | Requisition for Supplies, Services, or Equipment | 753.12, 753.3 |
| 8006 | Uniform Allowance Code Sheet | 938.41 |
| BRI 46-10 | Notice of Recovery from Disability | 323.334a, 323.335a |
| CA-1 | Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation | 314.43, 541.3, Ex. 514.4, 542.111, 544.12, 544.13, 544.17a, 544.211, 544.212, 545.3a, 545.41, 545.42, 541.51f, 545.531, 545.54, 545.541, 545.542, 545.543, 545.55, 545.851, 545.854a(1), 821.311, 821.313a |
| CA-2 | Notice of Occupational Disease and Claim for Compensation | 314.43, 541.3, Ex. 514.4, 542.121, 544.12, 544.13, 544.17a, 544.22, 545.3a, 545.41, 545.42, 545.852, 821.311, 821.316 |

| Form ID | Title | References |
|----------|--|---|
| CA-2a | Notice of Employee's Recurrence of Disability and Claim of Pay/Compensation | 541.3, Ex. 514.4, 545.251, 545.254 |
| CA-3 | Report of Termination of Disability and/or Payment | 541.3, 525.148, 545.63 |
| CA-5 | Claim for Compensation by Widow, Widower, and/or Children | 541.3 |
| CA-5b | Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren | 541.3 |
| CA-6 | US Dept of Labor Official Superior's Report of Employee's Death | 821.316, 541.3, 542.211 |
| CA-7 | Claim for Compensation on Account of Traumatic Injury or Occupational Disease | 545.711, 545.712, 545.713 |
| CA-7/20 | Claim for Compensation on Account of Traumatic Injury or Occupational Disease/Attending Physician's Report | 525.141, 541.3, 525.144a,b |
| CA-8 | Claim for Continuing Compensation on Account of Disability | 545.713, 545.713a,d |
| CA-8/20a | Claim for Continuing Compensation on Account of Disability/Attending Physician's Supplemental Report | 541.3, 545.713 |
| CA-10 | What a Federal Employee Should Do When Injured at Work | 541.3 |
| CA-11 | When Injured at Work | 541.3 |
| CA-13 | Work Injury Benefits For Federal Employees | 541.3 |
| CA-16 | Authorization for Examination and/or Treatment | 541.3, 543.11b, 544.16, 545.21, 545.211, 545.24, 545.252, 545.253 |
| CA-17 | Duty Status Report | 314.43, 541.3, 544.16, 545.61, 545.62, 545.62b,c, 547.22, 547.23, 547.34a |
| CA-20a | Attending Physician's Supplemental Report | 545.713c |
| CA-35A | Evidence Required in Support of a Claim for Occupational Disease | 541.3 |
| CA-35B | Evidence Required in Support of a Claim for Work-Related Hearing Loss | 541.3 |
| CA-35C | Evidence Required in Support of a Claim for Asbestos-Related Illness | 541.3 |
| CA-35D | Evidence Required in Support of a Claim for Work-Related Coronary/Vascular Condition | 541.3 |
| CA-35E | Evidence Required in Support of a Claim for Work-Related Skin Disease | 541.3 |
| CA-35F | Evidence Required in Support of a Claim for Work-Related Pulmonary Illness (not asbestosis) | 541.3 |
| CA-35G | Evidence Required in Support of a Claim for Work-Related Psychiatric Illness | 541.3 |
| CA-35H | Evidence Required in Support of a Claim for Carpal Tunnel Syndrome | 541.3 |
| CA-1040 | | 821.314 |
| CFC 100 | CFC Pledge Card | 617.42 |
| DD 214 | Report of Transfer or Discharge | 323.84 |
| ES 931 | Request for Wage Separation Information | 551.422, 553.131c, 553.132, 553.211 |
| ES 934 | Request for Information or Reconsideration of Federal Findings | 551.422, 552.423, 553.221, 553.222, 553.223, 553.224a,b,c |
| ES 936 | Request for Verification of UCFE Wage and Separation Information Furnished on Form ES 931 | 551.422, 552.62, 553.23a,b,c,d |
| FE 6 | Claim for Death Benefits (Federal Employees' Group Life Insurance) | 538.312b, 538.341a, 538.33a, 539.432, 567.31 |
| FE 6-Dep | Statement of Claim—Option C, Family Life Insurance | 538.3a, 538.341, 539.432 |
| FE 7 | Claim for Accidental Dismemberment | 538.33a, 538.342, 539.41 |

| Form ID | Title | References |
|--|---|--|
| HCFA-1500 | Health Insurance Claim Form | 541.3 |
| OPM 1431 | Spouse's Consent To Survivor Election | 564.24 |
| OPM 1425 | Application for Refund of Retirement Deductions | |
| OPM 1482 | Agency Certification of Status of Reemployed Annuitant | 537.131, 537.132b |
| OPM 1528 | Notification of Earnings for Medicare Eligibility | 574.251 |
| (Request forms from OPM, Forms Management and Design Branch, Office of Financial Control and Management, 1900 E Street, NW, Washington, DC 20415-0001, on an as-needed basis.) | | |
| SF 8 | Notice to Federal Employee About Unemployment Insurance | 365.15, 552.411, 553.114, 553.12, 553.121, 553.122, 553.123, 553.211 |
| SF 52 | A Request for Personnel Action | 935.211a |
| SF 54 | (presently SF 2823, Designation of Beneficiary) | 534.343b, 538.111 |
| SF-85A | National Agency Check—Data for Nonsensitive or Noncritical-Sensitive Position | 313.61 |
| SF 86 | Security Investigation Data for Sensitive Position | 313.61, 314.24 |
| SF 127 | Request for Official Personnel Folder (Separated Employee) | 313.72 |
| SF 180 | Requests Pertaining to Military Records | Ex. 512.223b |
| SF 278 | Financial Disclosure Report for Executive Branch Personnel | 662.8, 662.11 |
| SF 813 | Verification of a Military Retiree's Service in Nonwartime Campaigns or Expeditions | 512.223c(4) & Ex 512.223c |
| SF 1150 | Record of Leave Data | 512.811, 512.812a,b |
| SF 1153 | Claim for Unpaid Compensation of Deceased Civilian Employee | 567.31, 567.334 |
| SF 1164 | Claim for Reimbursement for Expenditures on Official Business | 716.11 |
| SF 1187 | Authorization for Deduction of Union Dues | 924.11, 924.12, 924.12a,b, 924.41, 924.421, 924.422, 924.5, 924.72, 925.121, 925.122b |
| SF 1192 | U.S. Savings Bond Authorization for Purchase and Request for Change | 616.3 |
| SF 2800 | Application for Death Benefits | 567.31, 567.331, 567.332, 567.333 |
| SF 2801 | Application for Immediate Retirement | 562.352b, 564.31 |
| SF 2802 | Application for Refund of Retirement Deductions | 565.462, 565.523 |
| SF 2801-1 | Certified Summary of Federal Service | 569.126 |
| SF 2803 | Application To Make Deposit or Redeposit | 565.23 |
| SF 2804 | Application to Make Voluntary Contributions | 565.41 |
| SF 2806 | Individual Retirement Record | 525.149, 536.42 |
| SF 2809 | Health Benefits Registration Form | 521.613, 521.613a,b(1), 523.1, 523.33, 523.42, 523.611, 523.632d, 524.12, 524.12b,c, 524.322, 524.531c,d, 524.534d, 524.62, 524.64, 524.71, 524.921, 524.922, 524.95, 525.222c, 525.233b, 525.322b, 525.422, 525.425, 525.454, 526.512, 529.11, 529.23 |
| SF 2810 | Notice of Change in Health Benefits Enrollment | 521.613(b), 523, 524.542a,b, 524.722, 524.731, 524.773, 524.966, 525.142, 525.143a, 525.144, 525.146b,c,d, 525.322, 525.422, 525.423, 525.425, 525.441, 525.512a,b, 526.52, 529.12, 632e |

| Form ID | Title | References |
|-----------|---|--|
| SF 2811 | Transmittal and Summary Report to Carrier | 526.52 |
| SF 2817 | Life Insurance Election (FEGLI) | 535.122a,b, 535.3, 535.521, 535.831c, 535.832a,c, 535.911, 536.41, 536.42, 536.612b, 537.132a,b, 537.144a,b,c, 539.11, 539.432 |
| SF 2817B | A Description and Certification of Enrollment in the FEGLI Program | 539.432 |
| SF 2818 | Continuation of Life Insurance Coverage as a Retiree or Compensationeer | 534.343a,b, 536.112, 536.41, 536.42, 539.432 |
| SF 2819 | Notice of Conversion Privilege | 535.63a,b, 535.63a(4), 535.722, 539.432 |
| SF 2821 | Agency Certification of Insurance Status | 534.341, 534.343b, 535.63, 535.63a,a(4),b, 535.722, 536.42, 537.172, 538.222a,b, 538.312a,b, 538.33c, 539.3, 539.12, 539.31, 539.32, 539.432 |
| SF 2822 | Request for Insurance | 535.82, 535.831a,b, 539.14, 539.432 |
| SF 2823 | Designation of Beneficiary | 534.343b, 536.42, 537.321, 538.111, 538.114, 538.121, 538.124a,b,c,d, 538.131, 538.16, 538.18, 539.13, 539.432 |
| SF 3102 | Designation of Beneficiary | 587.32a |
| SF 3104 | Application for Death Benefits | 587.61, 587.62 |
| SF 3107 | Application for Immediate Retirement | 582.782c |
| SF 3107-2 | Spouse's Consent to Survivor Election | 584.28 |
| SF 3108 | Application To Make Service Credit Payment For Civilian Service | 585.35 |
| TSP-1 | Election Form | 591.51, 595.2 |
| TSP-3 | Designation of Beneficiary | 597.411, 597.65 |
| TSP-6 | Statement Regarding Spouse | 597.62, 597.63, 597.64 |
| TSP-7 | Election of Benefits | 597.62, 597.63, 597.64 |
| TSP-9 | Change of Address | 597.63, 597.64 |
| TSP-11 | TSP Annuity Benefits | 597.64 |
| TSP-12 | Application for Equal Payment | 597.63 |
| TSP-13 | Designation of an Eligible Retirement Plan | 597.62 |
| TSP-14 | Joint Waiver of Spouse's Annuity | 597.62, 598.63, 597.63, 597.64 |
| TSP-15 | Change in Marital Status | 597.63, 597.64 |
| TSP-16 | Request for a Waiver of Notice to Spouse or Waiver of Spouse's Consent | 597.62, 597.63, 597.64 |
| TSP-17 | Application for Account Balance of Deceased Participant | 597.65 |
| TSP-18 | Validation of Retirement Information | 597.61 |
| TSP-20 | Thrift Savings Plan Loan Application | 596.31, 596.32 |
| W-4PA | (available from OPM) | 569.62 |

United States Postal Service

Grievance Summary - Step 1

1. Grievant's Name (Last, First and Middle Initial)

Forward the original of this form to your Step 2 Management Official. Complete Items 1 through 12 and 21. If grievance is denied, complete Items 13 through 20. If additional space is required, continue on reverse. See Handbook EL-921, Supervisor's Guide to Handling Grievances.

| | | | | | | |
|--|-------------------|------------------------------------|-----------------------------|--------------------------|--------------------------------------|-------------------|
| 2. Facility | | 3. Craft | | 4. Grievant's Title | | |
| 5. Date of | | 6. Was Grievance Timely at Step 1? | | 7. Date of Step 1 Answer | 8. Union Official | |
| a. Incident | b. Step 1 Meeting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 9. Issue (Complaint or Alleged Violation) | | | | | | |
| 10. Remedy Requested (Specify Requirements to Resolve Grievance) | | | | | | |
| 11. Decision (Check One) <input type="checkbox"/> Sustained <input type="checkbox"/> Settled <input type="checkbox"/> Denied <input type="checkbox"/> Closed <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other _____ | | | | | | |
| 12. Reasons for Decision | | | | | | |
| 13. Grievance Data | | | | | 14. Craft or Relevant Seniority Date | |
| a. Level | b. Step | c. Tour | d. Section | e. Pay Location | | |
| 15. Check One <input type="checkbox"/> FTR <input type="checkbox"/> PTR <input type="checkbox"/> PTF <input type="checkbox"/> Rural Designation Code _____ | | | | | 16. Off Days | 17. Work Schedule |
| 18. Background (State All Relevant Information And Attach All Supporting Documents) | | | | | | |
| 19. Management's Position | | | | | | |
| 20. Union's Position | | | | | | |
| 21. a. Management Official (Name and Title) | | 21. b. Telephone Number | | 21. c. Signature | | |

Instructions: See HBK EL-921, Supervisor's Guide to Handling Grievances, part V. Complete ALL items. If you need additional space, use the back of this form. Send the original of this form with the file to your Regional Management Official if case is appealed to Step 3.

Grievance Summary - Step 2

| | | | |
|---------------------------|--------------------------|--------------------------------------|--|
| 1. Article | 2. Section | 3. Grievant's Name (Last, First, MI) | 4. Grievant's Craft |
| 5. Local Grievance Number | | 6. Station, Branch, or Facility | 7. Post Office, State, & ZIP Code |
| a. Union | | b. Management | |
| 8. Date of Step 2 Meeting | 9. Step 2 Union Official | | 10. Was Grievance Timely at Each Step? <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Issue at Step 2

12. Remedy Requested at Step 2

13. Decision (Check One)

Sustained Settled Denied Closed Remanded Withdrawn Other (Specify):

14. Reasons for Decision

15. Detailed Statement of Facts Including Contractual Provisions and Witness Statements with Their Titles

16. Union's Position

17. Management's Position

18. List Settlement Offers (If Any)

Attachments

- | | | | | | |
|--|--|--|------------------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> Discipline/Employee Records | <input type="checkbox"/> Local Seniority List | <input type="checkbox"/> Bid Notice(s) | <input type="checkbox"/> Form 50 | <input type="checkbox"/> Form 1840 | <input type="checkbox"/> |
| <input type="checkbox"/> Letter of Demand | <input type="checkbox"/> Notice of Deferment - Step Increase | <input type="checkbox"/> Policy Statements | <input type="checkbox"/> Form 820 | <input type="checkbox"/> Form 3971 | <input type="checkbox"/> |
| <input type="checkbox"/> Letter of Restriction | <input type="checkbox"/> Overtime Desired List | <input type="checkbox"/> Posted Schedules | <input type="checkbox"/> Form 1812 | <input type="checkbox"/> Form 3972 | <input type="checkbox"/> |
| <input type="checkbox"/> Local Memorandum of Understanding | <input type="checkbox"/> Witness Statement(s) | <input type="checkbox"/> Posting(s) | <input type="checkbox"/> Form 1838 | <input type="checkbox"/> Other | <input type="checkbox"/> |

20a. Name & Title of Management Official

b. Telephone

c. Signature

Exhibit 251

| U.S. Postal Service Delivery Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------|---|--|-------------------------------|--|--|-----------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Employee Joseph Thomas | | | | | | ID No. 1302 | | Delivery Unit Main Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Make LLV | | Vehicle Capacity 1/2 ton | | Vehicle No. 9206288 | | Reference Volume AM 10.25 PM 4.75 Total 15.00 | | Assignment No. 1302 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Appointed 10/15/73 | | | Date Assigned to Route 12/26/93 | | | Delivery Method(s) <input type="checkbox"/> Foot <input type="checkbox"/> Mounted <input checked="" type="checkbox"/> Park and Loop <input type="checkbox"/> Other (Specify) _____ | | | Type of Route <input type="checkbox"/> Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Trips 1 | | Name of Replacement (3) Charlie Jones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Collection Points in Order of Collection | | Street Corner | Arrival Time (1) | | Relay Location of | Arrival Time (1) | | Possible Deliveries Per Relay, Loop, Swing, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Daily Sat | | <input type="checkbox"/> Relay <input checked="" type="checkbox"/> Boxes <input checked="" type="checkbox"/> Park & Loop Stops | Daily Sat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84th & Conifer | | NW | 10:15 AM 10:15 AM | | 500 Lec Lane | 08:45 AM 08:45 AM | | ¹⁾ 21 ²⁾ 42 ³⁾ 37 ⁴⁾ 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100th Place & Melody | | SW | 13:00 PM 13:00 PM | | 700 Polaris | 09:25 AM 09:25 AM | | ¹⁾ 53 ²⁾ 48 ³⁾ 50 ⁴⁾ 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 8761 North Star | 11:15 AM 11:15 AM | | ¹⁾ 60 ²⁾ 70 ³⁾ 103 ⁴⁾ 87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 1201 W. 92nd | 13:45 PM 13:45 PM | | ¹⁾ 296 ²⁾ ³⁾ ⁴⁾ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schedule | Time | Trip 1 | | Trip 2 | | Lines of Travel (Use reverse, if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Daily | Sat. | Daily | Sat. | Office to Route Via | | | Route to Lunch Via | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Begin | 07:00 AM | 07:00 AM | | | Pecos to 84th left on | | | Polaris to Huron to 84th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Leave | 08:35 AM | 08:35 AM | | | Huron to Lee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Return | 15:00 | 15:00 | | | Lunch to Route Via | | | Route to Office Via | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | End | 15:30 | 15:00 | | | 84th to Huron to 92nd to mailroom | | | 92nd to Pecos right to Station | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation | Public Trans. | Location | | | | Authorized Lunch Period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Board | | Leave | | From | | | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Leaves | | | | | 13:10 | | | 13:40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Return | | | | | Location where authorized to leave route for lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Leaves | | | | | 84th & Huron | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Return | | | | | Location of Authorized Lunch Location(s) (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use of Privately-Owned Vehicle | Authorized | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Effective Date of Transportation Agreement (Form 1311) | | | | Regular Carrier | | Replacement Carrier | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | Dairy Kings | | Burger Queen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Burger Queen | | Wishbones | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Best Yet | | Dairy Kings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 Arrival time shown should be earliest on a light day. Use reverse for additional remarks. 2 If one of the following conditions prevail covering travel to and from a suitable lunch location (up to 3 places) carrier will complete: (1) Reimbursed for driving own vehicle. (2) Furnished bus fare or its equivalent. (3) Provided transportation in PS vehicle. (4) Assigned a PS or Contract Vehicle. (Other carriers may at their option record similar lunch date.) 3 Enter name of regularly assigned replacement (if any). Also complete the replacement's authorized lunch and break location(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Exhibit 28

United States Postal Service
Carrier - Auxiliary Control

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|---|---|---------------------------------|-------------------------|----------------------------|---|
| A. Delivery Unit <i>Atlantic St., Station</i> | | B. Telephone <i>868-3684</i> | | C. Date <i>11/12/97</i> | |
| D. Carrier's Name and Route No. <i>J. Long 0105</i> | | | E. Lunch Place and Time | | |
| F. Indicate entire or portion of the case shelves covering mail to be given as street auxiliary assistance. Consider the bottom shelf as number 1. | | | | | G. Keys Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | <i>R 112</i> | X |
| | | | | | H. Cartage Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | | | | | I. Accountable Mail? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| J. Reason For Use of Auxiliary <i>2 Sets of sequenced mail and day after holiday and Saturday business mail for closed business.</i> | | | | | |

| | | | | | | | | | |
|-------------------|-----------|--|-------------------------------------|-------------|----------|-----------|-------------|-------------------------------------|-------------|
| K. Estimated Work | | L. Management Action. Check and initial all appropriate actions. | | | | | | | |
| Hours | Minutes | Auxiliary Assistance | | | Hours | Minutes | Overtime | Hours | Minutes |
| <i>1</i> | <i>30</i> | Approved | <input checked="" type="checkbox"/> | <i>7.G.</i> | <i>1</i> | <i>30</i> | Approved | <input type="checkbox"/> | |
| | | Disapproved | <input type="checkbox"/> | | | | Disapproved | <input checked="" type="checkbox"/> | <i>7.G.</i> |

M. Transportation (If drive-out, show parking location(s) on reverse)

Transportation Mode to and from route: Postal owned: Drive-out: Contract: Public:

| | | |
|------------------------|---------------------------------------|--|
| N. Starts Delivery at: | <i>550 Grove St., apartment house</i> | * Collect mail from all collection boxes on your part of the route, unless instructed otherwise. |
| Deliver | <i>562-551 Grove St.</i> | Collection boxes locations: |
| | <i>545-548 Grove St.</i> | 1 <i>550 Grove St.</i> |
| | <i>780-779 Bedford St.</i> | 2 <i>780 Bedford St.</i> |
| | <i>781-783 Bedford St.</i> | 3 |
| | | 4 |
| | | 5 |
| | | 6 |

O. Find Relays At:

| | | |
|---|----------------------------------|---|
| 1 | <i>Grove St. and Bedford St.</i> | 4 |
| 2 | <i>780 Bedford St.</i> | 5 |
| 3 | | 6 |

P. Assistance Completed By (Carrier Name and regular route number if assigned):

L. Cantor 0122

| | | | | | | |
|-------------|-----------|-----------------|----------------|-------------------|--------------|---|
| Office Time | | Street Time | | | | Total Auxiliary Time <i>1:45</i> |
| Begin Time | Time Used | Begin Travel To | Begin Delivery | Begin Travel From | Travel To | |
| | | <i>2:45</i> | <i>2:55</i> | <i>4:20</i> | <i>:10</i> | |
| | | | | | <i>1:25</i> | |
| End Time | | End Travel To | End Delivery | End Travel From | Travel From | |
| | | <i>2:55</i> | <i>4:20</i> | <i>4:30</i> | <i>:10</i> | |
| | | | | | Total Street | |
| | | | | | <i>1:45</i> | |

PS Form 3996, November 1997