



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		<input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI
10 JOB#/PAY LOCATION/ (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE		LIFETIME SECURITY VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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