

BRANCH 14...NATIONAL ASSOCIATION OF LETTER CARRIERS



Grievance Worksheet

(completed by Steward if appealing to Formal A)

Steward's Name		Station	Station Phone
I	Grievant's Name		Phone
Home Address		City, State	Zip Code
Seniority Date / Relative Standing		FT <input type="checkbox"/> PTF <input type="checkbox"/> CCA <input type="checkbox"/>	Veteran YES <input type="checkbox"/> NO <input type="checkbox"/>
II	Violation (National Article No.)	Local (Article No.)	Other
Incident Date			Date of Informal A
III	Incident (Explain: Who, What, When, Where, Why)		