

AMERICAN POSTAL WORKERS UNION, AFL-CIO

STEP 2 GRIEVANCE APPEAL FORM

1	DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE	LOCAL GRIEVANCE #	
2	TO USPS STEP 2 DESIGNEE (NAME & TITLE)	INSTALLATION			PHONE
3	FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
	SHREVEPORT AREA LOCAL 418	3924 GREENWOOD RD	SHREVEPORT LA		71109
4	STEP 2 AUTHORIZED UNION REP. - (NAME & TITLE)	WORK PHONE		HOME PHONE	
5	LOCAL UNION PRESIDENT	WORK PHONE		HOME PHONE	

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		ZIP CODE	PHONE	
9	EIN	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	

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