

National Postal Mail Handlers Union, Local No. 300

111 John Street, Suite 710, New York, NY 10038

PHONE NO. (212) 431-0040 FAX NO. (212) 941-6499

"An Injury To One Is An Injury To All"

STEWARD _____

BRANCH GRIEV NO. _____

GRIEVANCE WORKSHEET

TO BE COMPLETED PRIOR TO STEP 1 MEETING

1	GRIEVANT-S NAME (OR CLASS)				SOCIAL SECURITY NO. / EID NO.				HOME PHONE NO.									
	HOME ADDRESS				CITY				STATE				ZIP					
	JOB CLASSIFICATION				CRAFT SENIORITY DATE				SERVICE SENIORITY DATE				DUTY HOURS					
	INSTALLATION				CITY				STATE				VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>					
	OFF DAYS: Fixed check applicable				SA <input type="checkbox"/>	SU <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	LEVEL	STEP	FTR	<small>Unassign. Reg</small>	MHA	PTR	PTF
	PAST DISCIPLINARY RECORD (IF RELEVANT)										CELL PHONE NO.							
										EMAIL								
2	VIOLATION: NATIONAL (ART. & SECT.)				LOCAL (ART. & SECT.)				OTHER (EXPLAIN)									
3	FACTS OF GRIEVANCE				DATE(S)				TIME				LOCATION					
4	WHAT HAPPENED:																	
5	CORRECTIVE ACTION REQUESTED:														<input type="checkbox"/> ADDITIONAL SHEET ATTACHED			
6	GRIEVANT'S SIGNATURE												DATE					

FILL OUT BELOW IMMEDIATELY AFTER STEP 1 MEETING

7	STEP 1 MEETING: HELD ON (DATE/TIME)				SUPERVISOR-S (NAME & TITLE)				DATE OF DECISION							
	SUSTAINED		DENIED		OTHER (EXPLAIN)											
	IF DENIED, REASON GIVEN															
8	ATTACHMENTS (Check)				<input type="checkbox"/> WITNESS(ES) STATEMENT(S)				<input type="checkbox"/> NOTES OF STEP 1 MEETING				<input type="checkbox"/> OTHER (LIST) _____			

Step 1 GRIEVANCE WORKSHEET

DATE	BRANCH GRIEV NO.
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GRIEVANT'S NAME (OR CLASS)

FACTS AND UNION CONTENTIONS (Continued from Page 1):