



AMERICAN POSTAL WORKERS UNION, AFL-CIO

STEP 1 GRIEVANCE OUTLINE WORKSHEET

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 AND TITLE)							DATE AND TIME		INITIALS		INITIALING ONLY VERIFIES DATE OF DECISION		
GRIEVANT PERSON OR UNION		(Last Name First)		ADDRESS			CITY		STATE		ZIP PHONE		
SOCIAL SECURITY NO.		SERVICE SENIORITY/CRAFT		STATUS	LEVEL	STEP	DUTY HOURS		OFF DAYS				
									☐ SAT ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI				
JOB#/PAY LOCATION/ (UNIT/SEC/BR/STA/OFC)				WORK LOCATION CITY AND ZIP CODE						LIFETIME SECURITY ☐ Yes ☐ No		VETERAN ☐ Yes ☐ No	

Notes:

(a) Problem:

(b) Background:

(c) Documents:

(d) Corrective Action:

(e) Management's Response: