



CLASS ACTION OR PERSON (Last Name First)	WORK LOCATION CITY AND ZIP CODE (FROM LINE 10)		LOCAL GRIEVANCE NO.
DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE OF STEP 2	USPS GRIEVANCE NO.

THE ABOVE GRIEVANCE IS BEING APPEALED TO STEP 3 - PROVIDE DATE: \_\_\_\_\_

**LABOR RELATIONS APPEALS**

**U.S. Postal Service**

**P.O. Box 25398**

**TAMPA FL 33622-5398**

Please Check the "Sent By" Box

Mail

Fax

Email

Any appeal from an adverse decision in Step 2 shall be in writing to Appeals /Employee Labor Relations Center, with a copy to the Employer's Step 2 Representative, and shall specify the reasons for the appeal. (Within fifteen (15) days).

"This Appeal is in accordance with Article 15, Sec. 2, Step 2 (h) and Step 3 (a) for the following reasons:"

and we have attached the Step 2 appeal grievance form, the employers written Step 2 decision and our corrections and additions to the Step 2 decision if we submitted same to employer's Step 2 representative.

FROM - LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
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COPY - LOCAL FILE  
COPY - USPS STEP 2 DESIGNEE  
SUBMIT UNION'S REGIONAL COPY WITH FILE TO :

**NATIONAL BUSINESS AGENT**

Sincerely,

Authorized Local Union Representative