



1
2
3
4
5
6
7
8
9
10
11
12
13

CLASS ACTION or GRIEVANT NAME (Last Name First)		ADDRESS		CITY	STATE	ZIP	PHONE NO.
EIN	CRAFT	LEVEL	STEP	DUTY HOURS	OFF DAYS	E-MAIL	
JOB NO../PAY LOCATION (UNIT/SEC/CR/STA/OFC)			WORK LOCATION CITY AND ZIP CODE			SENIORITY DATE	PREF. ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO
STEP 2 AUTHORIZED UNION REP (NAME AND TITLE)				AREA CODE PHONE (OFFICE)		E-MAIL	
LOCAL UNION PRESIDENT (NAME)				AREA CODE PHONE (OFFICE)		E-MAIL	
STEP 1 MEETING AND DECISION							
UNIT/SEC/BR/STA/OFC	POSTAL INSTALLATION LEVEL		DATE/TIME		USPS REP - SUPR		INITIALS <small>(ONLY VERIFIES DATE OF DECISION)</small>
STEP 1 DECISION BY (NAME AND TITLE)				DATE/TIME		GRIEVANT AND/OR STEWARD	
DISCIPLINE		CONTRACT			LOCAL GRIEVANCE NO.		
TO: USPS STEP 2 DESIGNEE (NAME AND TITLE)		INSTALLATION/SEC. CEN./NDC		PHONE NO.		USPS GRIEVANCE NO.	
FROM: LOCAL UNION (NAME OF)		ADDRESS		CITY	STATE	ZIP	
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.							
DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT							
<i>List of attached papers as identified</i>							
CORRECTIVE ACTION REQUESTED:							

SIGNATURE

TITLE OF AUTHORIZED LOCAL UNION REP .

DATE



Local Grievance number: _____

APPEAL FORM

Signature and Title of Authorized Union Rep.

Step 2 Grievance Appeal Form Instructions

Line 1- Personal Information: Grievant's name or Class Action. Complete address and phone number of Grievant or if Class Action; Complete address of Local Office supporting the Grievance.

Line 2- EIN- Employee Identification number of Grievant; Craft, Level, Step, Duty Hours, Off Days, Email Address.

Line 3- Job No./Pay Location (Unit/Sec/Craft/Station/Office) Work Location City and Zip Code; Seniority Date; Preference Eligible Yes or No

Line 4-Step 2 Authorized Union Rep (Name and Title); Office Phone Number; Office email address

Line 5- Local Union President (Name); Office Phone Number, Office email address

Line 6- Unit/Sec/Br/Sta/Ofc/; Postal Installation Level; Date/Time; USPS Rep-Supv; INITIALS (only verifies date of decision)

Line 7- Step 1 Decision by (Name and Title); Date/Time; Name of Grievant and/or Steward who met at Step-1

Line 8- Type of discipline (Letter of Warning, Seven days suspension, Removal); or Contract Violation (Awol, Lwop, Holiday, Overtime, etc.); Local Grievance No. assigned by the Local

Line 9- USPS Step 2 Designee (Name and Title); Name of Installation/Sec. Center/NDC work in; Phone Number, including area code; USPS Grievance No.

Line 10- From: Local Union (Name, Address, City, State and Zip code)

Line 11- Relevant Collective Bargaining Agreement Articles & Sections; Local Memo (Art & Sec); others: Manuals, Policies, Labor Management Minutes, etc.

Line 12- Give detailed statement of Facts/Contentions of the Grievant (Who, What, When, Where, Why and How)

- Give a list of attached papers as identified

Line 13-

- Corrective Action Requested as a remedy
- Sig. and title of Authorized Local Union Rep. and Date the step 2 was submitted.