American Postal Workers Union, AFL-CIO

STEP 2 GRIEVANCE APPEAL FORM

1 DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE	LOCAL GRIEVANCE #	USPS GRIEVANCE #
2 TO USPS STEP 2 DESIGNEE (NAME & TITLE)	INSTALLATION, SEC. CEN.,BMC		PHONE	
3 FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
4 STEP 2 AUTHORIZED UNION REP. (NAME & TITLE)	AREA CODE PHONE (OFFICE)	AREA CODE PHONE (OTHER)		
5 LOCAL UNION PRESIDENT	AREA CODE PHONE (OFFICE)	AREA CODE PHONE (OTHER)		

WHERE -WHEN STEP 1 MEETING & DECISION MET WITH

6 UNIT, SEC. BR. STA. OFFICE	DATE & TIME	USPS REP. & TITLE	GRIEVANT AND/OR STEWARD
7 STEP 1 DECISION BY (NAME 8 TITLE)	DATE & TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION
8 GRIEVANT, PERSON OR UNION (LAST NAME FIRST)	ADDRESS	CITY	STATE / PHONE

9 SOCIAL SECURITY NUMBER	SERVICE SENIORITY, CRAFT	FTR - PTR - PTF - TE ☐ ☐ ☐ ☐	LEVEL	STEP	DUTY HRS.	OFF DAYS SA, SU. M, T, W, T, F	
10 JOB #	PAY LOCATION	UNIT SEC. BR. STA. OFC.	WORK LOCATION, CITY&ZIP CODE	LIFETIME SECURITY YES ☐ NO ☐	YES ☐	VETERAN NO ☐	

11 **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, (Ah 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 8 TITLE OF AUTHORIZED UNION REP.