American Postal Workers Union,

STEP 3 GRIEVANCE APPEAL FORM

GRIEVANT-PERSON OR UNION (FROM LINE 8)	WORK LOCATION CITY AND ZIP CODE (FROM LINE 10)	REGION'S GRIEVANCE #

DISCIPLINE (NATURE OF) OR CONTRACT ISSUE	CRAFT	DATEOFSTEP2	LOCAL GRIEVANCE #	USPS GRIEVANCE #
1				

THE ABOVE GRIEVANCE IS BEING APPEALED TO STEP 3 DATE

USPS GRIEVANCE PROCEDURE OFFICE
MID-ATLANTIC AREA ADVOCACY
P.O. BOX 9799
CHESTER, PENNSYLVANIA 19013-9799

Any appeal from an adverse decision in Step 2 shall be in writing to the Regional Director for Human Resources, with a copy to the Employer's Step 2 representive, and shall specify the reasons for the appeal. [Within fifteen (15) days]

The appeal is in accordance with Article 15 Grievance Arbitration Procedures Sec. 2 Step 2 (h) and Step 3 (a) for the following reasons:

2

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

FROM: LOCAL UNION (NAME OF)	ADDRESS	C m	STATE	ZIP
3				

COPY - LOCAL FILE
COPY - USPS STEP 2 DESIGNEE
SUBMIT UNION'S REGIONAL COPY WITH FILE TO (or as instructed)

NATIONAL BUSINESS AGENT
BILL SULLIVAN
NBA APWU, AFL-CIO
8001 N. DALE MABRY HIGHWAY, SUITE 301-B
TAMPA, FLORIDA 33614

1

Sincerely,

Authorized Union Rep.