

**STEP 2
GRIEVANCE
APPEAL FORM**

American Postal Workers Union, AFL-CIO

1 DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)		CRAFT	DATE	LOCAL GRIEVANCE #	USPS GRIEVANCE #
2 TO USPS STEP 2 DESIGNEE (NAME AND TITLE) PLANT MANAGER, P & DC DISTRICT MANAGER, CUSTOMER SERVICE PLANT MANAGER, AMC		INSTALLATION / SEC. CEN. / BMC PHILADELPHIA, PA POSTAL SERVICE			PHONE (215) 749-4308 (215) 863-6063 (215) 937-5600
3 FROM: LOCAL UNION (NAME OF) PHILA PA AREA LOCAL APWU AFL-CIO		ADDRESS 864 MAIN STREET,	CITY DARBY, PA	STATE	ZIP 19023
4 STEP 2 AUTHORIZED UNION REP. (NAME AND TITLE) LARRY C. HENDERSON, DIR. OF IND. RELATIONS		AREA CODE (610)	PHONE (OFFICE) 522-4520	AREA CODE (610)	PHONE (OTHER) 522-4521
5 LOCAL UNION PRESIDENT NICK CASSELLI		AREA CODE (610)	PHONE (OFFICE) 522-4520	AREA CODE (610)	PHONE (OTHER) 522-4521

WHERE - WHEN STEP 1 MEETING & DECISION MET WITH

6 UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP - SUPR	GRIEVANT AND/OR STEWARD		
7 STEP 1 DECISION BY (NAME AND TITLE)		DATE AND TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION	
8 GRIEVANT PERSON OR UNION (Last Name First)		ADDRESS	CITY	STATE	ZIP PHONE
9 SOCIAL SECURITY NO.	SERVICE SENIORITY/CRAFT	FTR -- PTR -- PTF -- TE	LEVEL	STEP	DUTY HOURS
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
					OFF DAYS SA SU M T W TH F
10 JOB#/PAY LOCATION/ (UNIT/SEC/BR/STA/OFC)		WORK LOCATION CITY AND ZIP CODE			LIFETIME SECURITY YES <input type="checkbox"/> NO <input type="checkbox"/>
					VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>

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, (Art./Sec.)**

LOCAL MEMO (ART./SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.

12 DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT (DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY)

13 **CORRECTIVE ACTION REQUESTED** -- That any/all information (files, records, documents, etc.) relied upon and/or related to this instant grievance be made available at the Step 2 hearing.



SIGNATURE AND TITLE OF AUTHORIZED UNION REP