



# AMERICAN POSTAL WORKERS UNION, AFL-CIO

# STEP 1 GRIEVANCE OUTLINE WORKSHEET

DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)			CRAFT	DATE	LOCAL GRIEVANCE #	USPS GRIEVANCE #
UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP - SUPR			GRIEVANT AND/OR STEWARD	
STEP 1 DECISION BY (NAME AND TITLE)				DATE AND TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION
GRIEVANT PERSON OR UNION	(Last Name First)	ADDRESS	CITY	STATE	ZIP	PHONE
SOCIAL SECURITY NO.	SERVICE SENIORITY/CRAFT	STATUS	LEVEL	STEP	DUTY HOURS	OFF DAYS <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI
JOB#/PAY LOCATION/ (UNIT/SEC/BR/STA/OFC)		WORK LOCATION CITY AND ZIP CODE			LIFETIME SECURITY <input type="checkbox"/> Yes <input type="checkbox"/> No	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

(a) Problem:

(b) Background:

(c) Documents:

(d) Corrective Action:

(e) Management's Response: