

Grievance Worksheet - To Be Completed By Steward

BRANCH	CITY	STATE	STATION	STEWARD'S NAME												
I.	GRIEVANT'S NAME (OR CLASS)			PHONE NUMBER												
	ADDRESS		CITY	STATE ZIP CODE												
	JOB CLASSIFICATION		CRAFT SENIORITY DATE	USPS SENIORITY DATE DUTY HOURS												
	STATION OR BRANCH		SOCIAL SECURITY NUMBER													
			VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO													
	OFF DAYS		SAT	SUN	MON	TUE	WED	THU	FRI	LEVEL	STEP	REG.	U. REG	RES.	PTR	PTF
	<input type="checkbox"/> ROTATING <input type="checkbox"/> FIXED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAST DISCIPLINARY RECORD (IF RELEVANT)																
II.	VIOLATION: NATIONAL (ART. & SEC.)		LOCAL (ART. & SEC.)		OTHER (EXPLAIN)											
III.	FACTS OF GRIEVANCE	DATE(S):	TIME:	LOCATION:												
	EXACTLY WHAT HAPPENED:															
IV.	CORRECTIVE ACTION REQUESTED:															
GRIEVANT'S SIGNATURE:			DATE:													
FILL OUT IMMEDIATELY AFTER INFORMAL A MEETING																
DATE OF MEETING		SUPERVISOR (NAME & TITLE)		DATE OF DECISION												
SUSTAINED <input type="checkbox"/>	DENIED <input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>														
IF DENIED, GIVE REASON:																
ATTACHMENTS (CHECK)																

WITNESS STATEMENT(S)

NOTES OF INFORMAL A MEETING

OTHER (LIST)