AMERICAN POSTAL WORKERS UNION, AFL-CIO

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	DATE OF STEP 2	LOCAL GRIEVANCE #	USPS GRIEVANCE #

THE ABOVE GRIEVANCE IS BEING APPEALED TO STEP 3/DATE _____

Any appeal from an adverse decision in Step 2 shall be in writing to the Regional Director for Employee and Labor Relations, with a copy to the Employer's Step 2 Representative, and shall specify the reasons for the appeal. (Within fifteen (15) days)

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

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

FROM - LOCAL UNION (NAME OF) ADDRESS CITY STATE ZIP

COPY -- LOCAL FILE
COPY -- USPS STEP 2 DESIGNEE

SUBMIT UNION'S REGIONAL COPY WITH FILE TO (or as instructed)

NATIONAL BUSINESS AGENT

Sincerely,

Authorized Union Rep.