Grievant's Statement

American Postal Workers Union, AFL-CIO

1	GRIEVANT/PERSON OR UNION (Last Name First)		ADDRESS		CITY	STATE	ZIP	PHONE NO.
2	EIN	CRAFT	STATUS	LEVEL	STEP	DUTY HOURS	OFF DAYS	E-MAIL
3	JOB NO./PAY LOCATION (UNIT/SEC/CR/STA/OFC)		POSTAL INSTALLATION LEVEL		WORK LOCATION CITY AND ZIP CODE		SENIORITY	PREF. ELIGIBLE [X] YES NO [X]
4	DISCIPLINE	CONTRACT		DATE				GRIEVANCE NO.
5	UNIT/SEC/BR/STA/OFC			INCIDENT DATE/TIME		USPS REP - SUPR		STEWARD
6								INITIALS (ONLY VERIFIES DATE OF DECISION)

What remedy are you seeking?

Attach addition sheets as needed YOU MUST SIGN THIS FORM Signed: Date: