

Grievance Worksheet - To Be Completed By Steward Before Informal A Mtg.

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"/>							
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)