STEP 2 GRIEVANCE APPEAL FORM

American Postal Workers Union, AFL-CIO

	DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE	LOCAL GRIEVANCE	USPS GRIEVANCE
1				#	#

	TO USPS STEP 2 DESIGNEE (NAME AND TITLE)	INSTALLATION / SEC. CEN. / BMC	PHONE
2	PLANT MANAGER, P & DC DISTRICT MANAGER, CUSTOMER SERVICE PLANT MANAGER, AMC	PHILADELPHIA, PA POSTAL SERVICE	(215) 749-4308 (215) 863-6063 (215) 937-5600

	FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
3	PHILA PA AREA LOCAL APWU AFL-CIO	864 MAIN STREET,	DARBY, PA		19023

	STEP 2 AUTHORIZED UNION REP. (NAME AND TITLE)	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
4	ATIYAH I. IVEY, DIR. OF IND. RELATIONS	(610)	522-4520	(610)	522-4521

	LOCAL UNION PRESIDENT	AREA CODE	PHONE (OFFICE)	AREA CODE	PHONE (OTHER)
5	GWEN IVEY	(610)	522-4520	(610)	522-4521

WHERE - WHEN **STEP 1 MEETING & DECISION** MET WITH

6	UNIT/SEC/BR/STA/OFC	DATE/TIME	USPS REP - SUPR	GRIEVANT AND/OR STEWARD

7	STEP 1 DECISION BY (NAME AND TITLE)	DATE AND TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION

8	GRIEVANT PERSON OR UNION (Last Name First)	ADDRESS	CITY	STATE	ZIP

8A	GRIEVANT E-MAIL ADDRESS	PHONE

9	EIN#	SENIORITY	CRAFT	FTR -- PTR -- PTF -- PSE	LEVEL	STEP	DUTY HOURS	OFF DAYS SA SU M T W TH F
				☐ ☐ ☐ ☐				

10	JOB#/PAY LOCATION/ (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE	LIFETIME SECURITY YES ☐ NO ☐	VETERAN YES ☐ NO ☐

11 **Pursuant to Article 15 of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)**

LOCAL MEMO (ART./SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.

12 **DETAILED STATEMENT OF FACTS/CONTENTIONS OF THE GRIEVANT** **(DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY)**

13 **CORRECTIVE ACTION REQUESTED** -- That any/all information (files, records, documents, etc.) relied upon and/or related to this instant grievance be made available at the Step 2 hearing.

SIGNATURE AND TITLE OF AUTHORIZED UNION REP

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

American Postal Workers Union, AFL.-CIO
Philadelphia, PA Area Local 89

864 Main Street Darby, PA 19023
Phone (610) 522-4520 o Fax (610) 522-4533

REQUEST FOR A UNION STEWARD TO RECEIVE UNION TIME

DATE: _____

TO: _____ **TITLE:** _____

FROM: _____ **TITLE:** _____

At _____ AM / PM, I am requesting at least _____ hours of Union Steward time to work on the following grievance or grievances:

_____

_____

_____

_____

_____

_____

_____

This section to be filled in by Management Representative:

( ) REQUEST APPROVED / ( ) REQUEST DENIED

Reason for denial:

_____

_____

_____

( ) REQUEST APPROVED / ( ) REQUEST DENIED

When will the Union Steward time be given? _____

PRINT SUPERVISOR / MANAGER NAME _____

SIGNATURE _____

DATE / TIME _____

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

American Postal Workers Union, AFL.-CIO
Philadelphia, PA Area Local 89

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DON'T LET MANAGEMENT STEAL YOUR JOB!!!

If a supervisor/manager is doing bargaining unit work, that supervisor/manager is stealing your job. The only way the Union can stop this is to be made aware of it.

FILL OUT THIS FORM

I have witnessed Supervisor/Manager _____

violate Article 1 of the National Agreement on (Date) _____.

The bargaining unit work was performed from (TIME) _____**(AM/PM)**

To (TIME): _____**(AM/PM) for a total of** _____**HRS** _____**MIN**

Describe the bargaining unit work performed in detail: _____

_____

_____

_____

_____

Station: _____

Print Name: _____

Signature: _____

FULL EIN: _____

Please give this form to your APWU Steward, Chief Steward or FAX to the Union Office at (610) 522-4533.

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

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TAKE YOUR BREAKS AND LUNCHES ON TIME

FILL OUT THIS FORM

Management has violated Article 37.12 of the LMOU when they failed to allow me to take my break and/or lunch within the time limits agreed to.

Section 12. Anti-Fatigue Break A. All clerks will be given a 15-minute anti-fatigue break before lunch and after lunch. An additional 15-minute break will be given for a call of two (2) hours overtime B. After approximately two (2) hours, employees will be given a 15-minute anti-fatigue break. Scheduled breaks shall not immediately precede a lunch period or an employee tour change, shall not exceed two (2) in one tour, except when overtime is worked and shall not interfere with dispatch schedules.

DATE OF VIOLATION: _____

BEGIN TIME (BT): _____

FIRST BREAK: _____

OUT TO LUNCH: _____

IN FROM LUNCH: _____

SECOND BREAK: _____

END TIME: _____

PRINT NAME: _____

EIN: _____

STATION: _____

SIGNATURE: _____

PHONE NUMBER: _____

Please give this form to your APWU Steward or FAX to Union Hall at (610) 522-4533.

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

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WORKING ALONE AT POSTAL FACILITY

This FORM is to be used to report the times you had to work at a Postal Facility <u>ALONE</u>, in violation of Step 3 Settlement, whereas there will be at least two (2) CLERKS schedules at all times. The only way the Union can stop this is to be made aware of it.

FILL OUT THIS FORM

I (NAME) _____ **was the only <u>CLERK</u> in the building at (STATION NAME)** _____

On (DATE) _____ **from (TIME)** _____ **(AM/PM)**

To (TIME): _____ **(AM/PM) for a total of** _____ **HRS** _____ **MIN**

Write Statement (below): _____

_____

_____

_____

_____

Print Name: _____

Signature: _____

FULL EIN: _____

Please give this form to your APWU Steward, Chief Steward or FAX to the Union Office at (610) 522-4533.

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

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TIME LIMIT EXTENSION

BOTH PARTIES MUTUALLY AGREE TO EXTEND THE TIME LIMITS FOR THE FOLLOWING ISSUES UNTIL: _____

1) _____
2) _____
3) _____
4) _____
5) _____

MANAGEMENT REPRESENTATIVE TITLE: _____
PRINT NAME: _____
SIGNATURE: _____ **DATE:** _____

UNION REPRESENTATIVE TITLE: _____
PRINIT NAME: _____
SIGNATURE: _____

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

American Postal Workers Union, AFL-CIO
Philadelphia, PA Area Local #89

864 Main Street Darby, PA 19023
Phone (610) 522-4520 • Fax (610) 522-4533

REQUEST RECEIVED BY:

Signature: _____ **Date:** _____ **Time:** _____

GRIEVANT/UNION **NATURE OF ALLEGATION**

_____ **DATE OF REQUEST**

TO: _____ **TITLE:** _____

FROM: _____ **TITLE:** _____

SUBJECT: Request for information & Documents Relative to Processing A Grievance

We request that the following documents and/pr witnesses be made available to use in order to properly identify whether or not a grievance exists, and if so, their relevancy to the grievance.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Note: Article 17, Section 3, requires the Employer to provide for review all documents, files, and other records necessary in processing a grievance. Article 31, Section 3, requires that the Employer make available for inspection by the Unions all relevant information necessary for collective bargaining or the enforcement, administration or interpretation of this Agreement. Under 8a(5) of the National Labor Relations Act, it is an Unfair Labor Practice for the Employer to fail to supply relevant information for the purpose of collective bargaining. Grievance processing is an extension of the collective bargaining process.

_____ **Request Approved** _____ **Request Denied**

_____ _____

DATE **SIGNATURE**

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

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STEP 2 GRIEVANCE HEARING REPORT

DATE OF HEARING: _____

UNION REP: _____ **E & LR REP:** _____

GRIEVANT: _____ **APWU #:** _____ **USPS #:** _____

VIOLATION #: _____

UNION POSITION:

1. CONTENTIONS CITED ON THE STEP 2 APPEAL FORM
2. _____

CHECK ONE:

____ HEARD

____ DENIED

____ RESOLVED

____ RESCHEDULED

(continued on next page)

MANAGEMENT

POSITION:

DECISION:

PRE-DISCIPLINARY INTERVIEW STEWARD NOTES

Craft Member being interviewed:_____

Supervisor conducting interview: _____

Additional people in attendance:_____

Date of interview: _____

Interview Start Time: _____ **Interview End Time:** _____

1. **Did the supervisor forewarn the craft member what discipline was being considered?** **Yes or No**

2. **Did the supervisor forewarn the craft member as to the specific charge?** **Yes or No**

3. **Did the supervisor give the craft member an opportunity to *read* any information that was being relied upon or read the information to the craft member?** **Yes or No**

4. **Did the supervisor ask the craft member for their side of the story?** **Yes or No**

5. **Did the supervisor take notes of what the craft member had to say?** **Yes or No**

6. **Did the supervisor read from a prepared set of questions or comments?** **Yes or No**

7. **Did anyone else ask questions of the craft member?** **Yes or No**

_____

Shop Steward

(Use reverse side for notes)

STEP 1 GRIEVANCE OUTLINE WORKSHEET

DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE	LOCAL GRIEVANCE #	USPS GRIEVANCE #
1				

UNIT/SEC/BR/STA/OFC	DATE & TIME	USPS REP - SUPR	STEWARD *
6			

STEP 1 DECISION BY (NAME & TITLE)	DATE & TIME	INITIALS	INITIALING ONLY VERIFIES DATE OF DECISION
7			

GRIEVANT PERSON OR UNION (LAST NAME/FIRST)	ADDRESS	CITY	STATE	PHONE
8				

SOCIAL SECURITY NO.	SERVICE SENIORITY CRAFT	FTR - PTR - PTF	LEVEL	STEP	DUTY HRS	OFF DAYS
9		☐ ☐ ☐				SA SU M T W TH F

JOB & PAY LOCATION (UNIT/SEC/BR/STA/OFC)	WORK LOCATION CITY AND ZIP CODE	LIFETIME SECURITY	VETERAN
10		YES ☐ NO ☐	YES ☐ NO ☐

11 Pursuant to Article XV of the National Agreement we hereby appeal to Step 2 the following Grievance alleging a Violation of (but not limited to) the following: NATIONAL, (Art./Sec.)

LOCAL MEMO (ART./SEC.) OTHER MANUALS, POLICIES, L/M MINUTES, ETC.

(a) PROBLEM:

(b)BACKROUND:

(c) DOCUMENTS:

(d) CORRECTIVE ACTION:

(e)MANAGEMENT'S RESPONSE:

** STEWARD'S ADDRESS (street & no.)*

(city, state) *(zip)* *(phone)*

GRIEVANT STATEMENT FORM

GRIEVANCE #_____ PAGE_____ OF_____

NAME_____ EIN#_____

ADDRESS_____CITY_____

STATE_____ ZIP CODE_____ PHONE NUMBER_____CRAFT_____

PAY LOCATION_____ HOURS OF DUTY_____LEVEL_____STEP_____

LIFETIME SECURITY: YES____NO___ VETERAN: YES____ NO____ DROP DAYS_____

SENIORITY DATE_____CRAFT SENIORITY DATE_____STATUS (circle): FTR PTR PTF PSE

WORK LOCATION (Post Office & Zip)_____

I hereby state, to the best of my knowledge, that all statements herewith included in my statement, are facts as I know them and what I believe are true_____

CORRECTIVE ACTION I REQUEST: _____

TODAY'S DATE_____ DATE OF VIOLATION_____

SIGNATURE_____

STEP ONE SETTLEMENT

GRIEVANT:_____LOCAL GRIEVANCE#_____

EIN:_____GATS NUMBER_____

PAY LOCATION:_____ISSUE:_____

UNION: APWU CRAFT:_____

( ) P&DC ( ) STATION:_____

MANAGEMENT AND LABOR MUTUALLY AGREE TO THE FOLLOWING SETTLEMENT:_____

_____

_____

_____

_____

_____

_____

_____

MANAGEMENT REP: **UNION REP:**

PRINT NAME_____**PRINT NAME**_____

SIGNATURE_____**SIGNATURE**_____

DATE_____**DATE**_____

CC: LABOR
STEP ONE SUPERVISOR
DIR
CRAFT DIRECTORS

UNITED STATES POSTAL SERVICE

STEP TWO SETTLEMENT

GRIEVANT:_____LOCAL GRIEVANCE#_____

EIN:_____GATS NUMBER_____

PAY LOCATION:_____ISSUE:_____

UNION: APWU CRAFT:_____

( ) P&DC ( ) STATION:_____

MANAGEMENT AND LABOR MUTUALLY AGREE TO THE FOLLOWING SETTLEMENT:_____

_____

_____

_____

_____

_____

_____

_____

_____

MANAGEMENT REP:

PRINT NAME_____

SIGNATURE_____

DATE_____

UNION REP:

PRINT NAME_____

SIGNATURE_____

DATE_____

CC: PLANT MANAGER
POSTMASTER
LABOR RELATIONS
STEP ONE SUPERVISOR
OPF

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

American Postal Workers Union, AFL.-CIO
Philadelphia, PA Area Local 89

864 Main Street Darby, PA 19023
Phone (610) 522-4520 Fax (610) 522-4533

DATE: _____

United States Postal Service
Medical Unit
7500 Lindbergh Blvd #1047K
Philadelphia, Pa. 19176

To Whom It May Concern,

I authorize a designated Steward and/or Union Official of the Philadelphia, PA Area Local #89, American Postal Workers Union, AFL-CIO to have access to my personnel folder in the work section and/or in the personnel section. This includes all medical records, documents, files and other records that are maintained by the United States Postal Service. I also authorize my Union Representative to obtain copies of all documents, files and other records including medical records, that the Union deems necessary to properly represent me in the Grievance-Arbitration procedure.

EMPLOYEES NAME (PRINT): _____

SIGNATURE: _____

EIN: _____

WORK LOCATION: _____

TOUR: _____

PAY LOCATION: _____

GRIEVANT STATEMENT FORM

GRIEVANCE #_____ PAGE_____ OF_____

NAME_____ EIN#_____

ADDRESS_____ CITY_____

STATE_____ ZIP CODE_____ PHONE NUMBER_____ CRAFT_____

PAY LOCATION_____ HOURS OF DUTY_____ LEVEL_____ STEP_____

LIFETIME SECURITY: YES____ NO____ VETERAN: YES____ NO____ DROP DAYS_____

SENIORITY DATE_____ CRAFT SENIORITY DATE_____ STATUS (circle): FTR PTR PTF PSE

WORK LOCATION (Post Office & Zip)_____

I hereby state, to the best of my knowledge, that all statements herewith included in my statement, are facts as I know them and what I believe are true_____

TODAY'S DATE_____ DATE OF VIOLATION_____

SIGNATURE_____

Gwen Ivey
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Atiyah I. Ivey
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864 Main Street Darby, PA 19023
Phone (610) 522-4520 o Fax (610) 522-4533

REQUEST FOR UNION REPRESENTATION

At _____AM / PM, I respectfully, requested Union Representation, immediately, on _____.

(Date)

REQUEST RECEIVED BY:

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____ **TIME:** _____ **AM / PM**

STATION / FACILITY: _____

PRINT NAME: _____

SIGNATURE: _____

FULL EIN: _____

PLEASE GIVE THIS FORM TO YOUR APWU STEWARD, CHIEF STEWARD OR FAX TO THE UNION OFFICE AT (610) 522-45633

Gwen Ivey
President

Farrell Anderson
Vice President

Phaedra Mitchell
Treasurer

Atiyah I. Ivey
Director of Industrial Relations

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WORKING ALONE AT A POSTAL FACILITY

This FORM is to be used to report the times you had to work at a Postal Facility <u>ALONE,</u> in violation of Step 3 Settlement, whereas there will be at least two (2) clerks scheduled at all times. The only way the Union can stop this is to be made aware of it.

FILL OUT THIS FORM

I (NAME) _____ Tour _____was the only <u>CLERK</u> working on the DBCS/DIOSS Ma\chine #: _____ on

(DATE) _____from (TIME) _____(AM/PM)

To (TIME): _____(AM/PM) for a total of _____HRS _____MIN

Write Statement (below): _____

_____

_____

_____

_____

_____

Print Name: _____

Signature: _____

Full EIN: _____

Please give this form to your APWU Steward, Chief Steward or FAX to the Union Office at (610) 522-4533.

Gwen Ivey
President

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Director of Industrial Relations

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Philadelphia, PA Area Local 89

864 Main Street Darby, PA 19023
Phone (610) 522-4520 Fax (610) 522-4533

REQUEST FOR UNION STEWARD RELEASE TIME

DATE: _____

TO: _____ **TITLE:** _____

FROM: _____ **TITLE:** _____

At _____ AM / PM, I am requesting at least _____ hours of Union Steward time to work on the following grievance or grievances:

_____

_____

_____

_____

_____

_____

_____

This section to be filled in by Management Representative:

( ) REQUEST APPROVED / ( ) REQUEST DENIED

Reason for denial:

_____

_____

_____

( ) REQUEST APPROVED / ( ) REQUEST DENIED

When will the Union Steward time be given? _____

PRINT SUPERVISOR / MANAGER NAME _____

SIGNATURE _____

DATE / TIME _____