



# 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:

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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
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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.

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