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American Postal Workers Union, AFL-CIO

STEP 3 GRIEVANCE APPEAL FORM

CLASS ACTION OR PERSON (Last Name First)	WORK LOCATION CITY AND ZIP CODE (FROM LINE 10)		LOCAL GRIEVANCE NO.
CONTRACT (ISSUE)	CRAFT	DATE OF STEP 2 **APPEAL**	USPS GRIEVANCE NO.

THE ABOVE GRIEVANCE IS BEING APPEALED TO STEP 3 - PROVIDE DATE: _____

LABOR RELATIONS APPEALS
U.S. Postal Service
P.O. Box 25398
TAMPA, FL 33622-5398

Please Check the "Sent By" Box

☐ Mail ☐ FAX ☐ Email

Any appeal from an adverse decision at Step 2 shall be in writing to Appeals/Employee Labor Relations Center (withing fifteen (15) days) and shall state the reasons for the appeal. A copy will also be sent to the Employer's Step 2 Representative.

PLEASE CHECK APPROPRIATE BOX(es):

☐ USPS failed or refused to meet at Step 2

☐ USPS failed to render a written Step 2 decision within the prescribed time limits and to provide union a full statement of the Employer's understanding of (1) all relevant facts, (2) the contractual provisions involved, and (3) the detailed reasons for denial of the grievance.

"This Appeal is in accordance with Article 15, 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 :

NATIONAL BUSINESS AGENT

Sincerely,

Authorized Local Union Representative