



# American Postal Workers Union, AFL-CIO

## STEP 1 GRIEVANCE OUTLINE WORKSHEET

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
4	DISCIPLINE	CONTRACT	DATE			LOCAL GRIEVANCE NO.		
5	UNIT/SEC/BR/STA/OFC	INCIDENT DATE/TIME		USPS REP - SUPR		GRIEVANT AND/OR STEWARD		
6	STEP 1 DECISION BY (NAME AND TITLE)				DATE/TIME		<u>INITIALS</u> <small>(ONLY VERIFIES DATE OF DECISION)</small>	
<b>NOTES:</b>								
<i>(a) Problem:</i>								
<i>(b) Background:</i>								
<i>(c) Documents:</i>								
<i>(d) Corrective Action:</i>								
<i>(e) Management's Response:</i>								