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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.
DISCIPLINE (NATURE OF) OR CONTRACT (ISSUE)	CRAFT	DATE OF STEP 2	USPS GRIEVANCE NO.

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

Collective Bargaining and Arbitration
Attn: Appeals/LR Service Center
United States Postal Service
P.O. Box 23788
Washington DC 20026-3788

Please Check the "Sent By" Box

Mail : ☐ FAX ☐ E-MAIL ☐

Any appeal from an adverse decision in Step 2 shall be in writing to Appeals /Employee Labor Relations Center, with a copy to the Employer's Step 2 Representative, and shall specify the reasons for the appeal. (Within fifteen (15) days)

"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 (or as instructed)

NATIONAL BUSINESS AGENT

Sincerely,

Authorized Local Union Representative