



GRIEVANCE WORKSHEET

TO BE COMPLETED BY STEWARD BEFORE STEP 1 MEETING

BRANCH	CITY	STATE	STATION	STEWARD'S NAME
I. GRIEVANT'S NAME (OR CLASS)				PHONE
HOME ADDRESS		CITY	STATE	ZIP
JOB CLASSIFICATION		CRAFT SENIORITY DATE	U.S.P.S. SENIORITY DATE	DUTY HOURS
STATION OR BRANCH			S.S. NO.	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
OFF DAYS:	<input type="checkbox"/> ROTATING	FIXED—CHECK AS APPLICABLE:	SA <input type="checkbox"/> SU <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>	LEVEL STEP REG UNASSIGN REG RESERVE REG PTR PTF
PAST DISCIPLINARY RECORD (IF RELEVANT):				
II. VIOLATION	NATIONAL (ART. & SECT.)	LOCAL (ART. & SECT.)	OTHER (EXPLAIN)	
III. FACTS OF GRIEVANCE	DATE(S)	TIME	LOCATION	
EXACTLY WHAT HAPPENED				
<input type="checkbox"/> ADDITIONAL SHEET ATTACHED				
IV. CORRECTIVE ACTION REQUESTED				
GRIEVANT'S SIGNATURE ►	DATE ►			

FILL OUT BELOW IMMEDIATELY AFTER STEP 1 MEETING

DATE OF MEETING	SUPERVISOR (NAME & TITLE)	DATE OF DECISION
SUSTAINED	DENIED	OTHER (EXPLAIN)
IF DENIED, REASON GIVEN		

ATTACHMENTS (check): WITNESS(ES) STATEMENT(S) NOTES OF STEP 1 MEETING OTHER (LIST) _____