

## National Association of Letter Carriers - NALC BRANCH 466

## Grievance Worksheet - To Be Completed By Steward

BRANCH	CITY	STATE	STATION	STEWARD'S NAME
I. GRIEVANT'S NAME (OR CLASS)				PHONE NUMBER
ADDRESS		CITY	STATE	ZIP CODE
JOB CLASSIFICATION	CRAFT SENIORITY DATE	USPS SENIORITY DATE	DUTY HOURS	
STATION OR BRANCH		SOCIAL SECURITY NUMBER		VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
OFF DAYS <input type="checkbox"/> ROTATING <input type="checkbox"/> FIXED	SAT SUN MON TUE WED THU FRI <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Level	STEP	REG. U. REG. RES. PTR. CCA
PAST DISCIPLINARY RECORD (IF RELEVANT)				
II. VIOLATION: NATIONAL (ART. & SEC.)		LOCAL (ART. & SEC.)		OTHER (EXPLAIN)
III. FACTS OF GRIEVANCE	DATE(S):	TIME:	LOCATION:	
EXACTLY WHAT HAPPENED:				
Branch 466				
IV. CORRECTIVE ACTION REQUESTED:				
GRIEVANT'S SIGNATURE:				DATE:
FILL OUT IMMEDIATELY AFTER INFORMAL A MEETING				
DATE OF MEETING		SUPERVISOR (NAME & TITLE)		DATE OF DECISION
SUSTAINED	DENIED	OTHER (EXPLAIN)		
IF DENIED, GIVE REASON:				

ATTACHMENTS (CHECK)  WITNESS STATEMENT(S)  NOTES OF INFORMAL A MEETING  OTHER (LIST)