



# American Postal Workers Union, AFL-CIO

STEP 1 GRIEVANCE  
OUTLINE WORKSHEET  
HQ Revised 04/24/12

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		INITIALS (ONLY VERIFIES DATE OF DECISION)