American Postal Workers Union, AFL-CIO

STEP 3 GRIEVANCE APPEAL FORM

GRIEVANT-PERSON OR UNION (FROM LINE 8)	WORK LOCATION CITY AND ZIP CODE (FROM LINE 10)		REGION'S GRIEVANCE #	
1 DISCIPLINE (NATURE OF) OR CONTRACT ISSUE	CRAFT	DATE OF STEP 2	LOCAL GRIEVANCE #	USPS GRIEVANCE #

THE ABOVE GRIEVANCE IS BEING APPEALED TO STEP 3 DATE

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MID-ATLANTIC AREA ADVOCACY
P.O. BOX 40594
PHILADELPHIA, PENNSYLVANIA 19197-0594

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1 **Any appeal from an adverse decision in Step 2 shall be in writing to the Regional Director for Human Resources, with a copy to the Employer's Step 2 representive, and shall specify the reasons for the appeal. [Within fifteen (15) days]**

The appeal is in accordance with Article 15 Grievance Arbitration Procedures Sec. 2 Step 2 (h) and Step 3 (a) for the following reasons:

2

and we have attached the Step 2 appeal grievance form, the employer's written Step 2 decision and our corrections and additions to the Step 2 decision if we submitted same to employers Step 2 representative.

FROM: LOCAL UNION (NAME OF)	ADDRESS	CITY	STATE	ZIP
3				

COPY - LOCAL FILE

COPY - USPS STEP 2 DESIGNEE

SUBMIT UNIONS REGIONAL COPY WITH FILE TO (or as instructed)

r **NATIONAL BUSINESS AGENT**
R.J. (RANNY) ERSKINE
NBA APWU, AFL-CIO
8001 N. DALE MABRY HIGHWAY, SUITE 301-B
L **TAMPA, FLORIDA 33614**

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Sincerely,

Authorized Union Rep.