

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Step 2 Grievance Appeal Form for Mail Contractors of America

Issue	Date Filed	Date Received	Grievance #
Local Union	Address	City	State Zip
MC of A Designated Official	Title	Phone	
Authorized Union Representative	Signature	Phone (work)	Phone (other)
Local President		Phone (work)	Phone (other)

Step 1 Meeting and Decision

Date/Time	Initials	With Steward/Grievant	With MC of A Representative		
Step 1 Denial by:			Date	Verifying Initials	
Grievant, Person or Union (Last Name First)		Address	City	State	Zip
SS#	Seniority	MC of A Seniority	Duty Hours	Off Days	
Postal Run	Wage Scale	Employee #	Domicile Location		

Pursuant to the CBA, we hereby appeal to Step 2 the grievance alleging a violation of (but not limited to) the following:

Detailed Statement of Facts/Contentions of Grievant/Union:

Exhibits & documentation

Remedy Requested:

APWU Representative

If settled, MC of A Representative _____ Date: _____