

U.S. Postal Service
Grievance Summary - Step 1

1. Grievant's Name *(Last, First and Middle Initial)*

Forward the original of this form to your Step 2 Management Official. Complete Items 1 through 12 and 21. If grievance is denied, complete Items 13 through 20. If additional space is required, continue on reverse. See Handbook EL-921, Supervisor's Guide to Handling Grievances.

2. Facility	3. Craft	4. Grievant's Title	
5. Date of		6. Was Grievance Timely at Step 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Date of Step 1 Answer
a. Incident	Step 1 Meeting		

9. Issue *(Complaint or alleged violation)*

10. Remedy Requested *(Specify requirements to resolve grievance)*

11. Decision *(Check one)* Sustained Settled Denied Closed Withdrawn Other *(Specify)*

12. Reasons for Decision

13. Grievance Data					14. Craft or Relevant Seniority Date
a. Level	b. Step	c. Tour	d. Section	e. Pay Location	

15. Check One FTR PTR PTF Rural Designation Code _____

16. Off Days 17. Work Schedule

18. Background *(State all relevant information and attach all supporting documents)*

19. Management's Position

20. Union's Position

21. a. Management Official <i>(Name and Title)</i>	21.b. TEL <input type="checkbox"/> PEN <input type="checkbox"/> Com	21. c. Signature
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