

# USPS – NALC

## Step “A” (Informal) DRT Settlement

Grievant: \_\_\_\_\_

EIN: \_\_\_\_\_

Office: \_\_\_\_\_

Issue: \_\_\_\_\_

Management and Labor mutually agree to the following settlement:

---

---

---

---

---

---

---

---

---

---

This settlement is a full and final resolution of the above referenced grievance(s). It is mutually agreed that this settlement is not to be cited as a precedent by either party in any future grievance or arbitration case. It is understood, however, that the settlement agreement becomes part of the grievant's work record (except where rescinded or expunged) and can be relied upon cited by either party in future proceedings involving the grievant.

\_\_\_\_\_  
NALC President/Designee  
Keystone Branch 157, NALC

\_\_\_\_\_  
Date

\_\_\_\_\_  
USPS Representative

\_\_\_\_\_  
Date



Date Received at Step B (MM/DD/YYYY)

### USPS-NALC Joint Step A Grievance Form

#### INFORMAL STEP A — NALC Shop Steward Completes This Section (See instructions on page 2.)

1. Grievant's Name (Last, first, middle initial)		2. Grievant's Telephone No. (Include area code)	
3. Seniority Date (MM/DD/YYYY)	4. Status (Check one) <input type="checkbox"/> FT <input type="checkbox"/> FTF <input type="checkbox"/> PTR <input type="checkbox"/> PTF <input type="checkbox"/> CCA		5. Grievant's Employee Identification Number (EIN)
6. District, Installation, Work Unit, ZIP Code®		7. Finance No.	
8. NALC Branch No. 157	9. NALC Grievance No.	10. Incident Date (MM/DD/YYYY)	11. Date Discussed With Supervisor (Filing date)
12a. Companion MSPB Appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No		12b. Companion EEO Appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13a. Supervisor's Printed Name, Initials, and Telephone No.		13b. Steward's Printed Name, Initials, and Telephone No.	

#### FORMAL STEP A — Formal Step A Parties Complete This Section (See instructions on page 2.)

14. USPS Grievance No.: Obtain prior to Formal Step A meeting.	
15. Issue Statement: Provide contract provision(s) and frame the issue(s).	
16. Undisputed Facts: List and attach <b>all</b> supporting documents. Use additional paper if necessary.   Attachments? <input type="checkbox"/> No <input type="checkbox"/> Yes   Number ____	
17. <b>UNION'S</b> full, detailed statement of disputed facts and contentions: List and attach <b>all</b> supporting documents. Use additional paper if necessary.   Attachments? <input type="checkbox"/> No <input type="checkbox"/> Yes   Number ____	
18. <b>MANAGEMENT'S</b> full, detailed statement of disputed facts and contentions: List and attach <b>all</b> supporting documents. Use additional paper if necessary.   Attachments? <input type="checkbox"/> No <input type="checkbox"/> Yes   Number ____	
19a. Union Representative: Enter the remedy requested by the union.	
19b. Settlement Offer: List any settlement offers by either party on page 3.	
20. Disposition (Check one) <input type="checkbox"/> Resolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Resolved   Date of Formal Step A Meeting (MM/DD/YYYY)	
21a. USPS Representative's Name	21b. Telephone No. (Include area code)
21c. USPS Representative's Signature	21d. Date (MM/DD/YYYY)
22a. NALC Representative's Name	22b. Telephone No. (Include area code)
22c. NALC Representative's Signature	22d. Date (MM/DD/YYYY)



## Keystone Branch 157, NALC/United States Postal Service Dispute Resolution Process

### **Issue:** Waiver of Time Limits Informal Step A Hearing

The parties agree to extend the time limits established in Article 15 of the National Agreement for the following grievance (s) for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_.

**Grievant(s) Name/Class:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Issue:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NALC Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
USPS Representative

\_\_\_\_\_  
Date

*In reference to Branch Grievance (s) \_\_\_\_\_, the union is requesting the following information to support the case. Please review this paper carefully and supply the union with copies of the items checked.*

**Discipline**

- \_\_\_\_\_ Letter of Warning
- \_\_\_\_\_ 7-day Suspension
- \_\_\_\_\_ 14-day Suspension
- \_\_\_\_\_ Emergency Placement Suspension Notice
- \_\_\_\_\_ Removal Notice
- \_\_\_\_\_ Suspensions of More than 14 days
- \_\_\_\_\_ Other \_\_\_\_\_

**Contractual**

- \_\_\_\_\_ Form 50- Notification of Personnel Action
- \_\_\_\_\_ Letter of Notification
- \_\_\_\_\_ Doctor's Notice
- \_\_\_\_\_ Doctor's Bill
- \_\_\_\_\_ Form 1223-A (Employee Pay Stub)
- \_\_\_\_\_ Form 1260 -Non-Transactor (Time Card)
- \_\_\_\_\_ Station's Time Certification Sheets
- \_\_\_\_\_ Form 3971's -Employee's request for Leave
- \_\_\_\_\_ Form 3972's - Supervisor's Absence Analysis Control Form
- \_\_\_\_\_ Any FMLA Information
- \_\_\_\_\_ Overtime Desired List Quarter # \_\_\_\_\_
- \_\_\_\_\_ Daily Schedule and Work Sheets \_\_\_\_\_
- \_\_\_\_\_ Station's Form for Recording Curtailed Mail on All Routes \_\_\_\_\_
- \_\_\_\_\_ Form 1571's -Routes Curtailed Mail Slips \_\_\_\_\_
- \_\_\_\_\_ Form 3996's - Carrier-Auxiliary Control
- \_\_\_\_\_ Form 3999's- Supervisors Street Observations
- \_\_\_\_\_ Form 1838 -Carrier's Count of Mail (Management's Summary)
- \_\_\_\_\_ Form 1838 A - Carrier's Count of Parcel Post & Combination
- \_\_\_\_\_ Form 1838 B - Parcel Post Firm Delivery Worksheet
- \_\_\_\_\_ Form 1838 C - Carrier's Count of Mail (Carrier's Worksheet)
- \_\_\_\_\_ Form 1840's Summary of Count & Inspection
- \_\_\_\_\_ Form 1840 A's - Summary of Carrier's Mail Count
- \_\_\_\_\_ Form 1840 B's - Carrier's Time Card Analysis
- \_\_\_\_\_ Employee Everything Report \_\_\_\_\_
- \_\_\_\_\_ Overtime Alert Report \_\_\_\_\_
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**OWCP Claims**

- \_\_\_\_\_ CA1 Employees Claim for Traumatic Injury
- \_\_\_\_\_ CA-2 Employee's Claim for Occupational Illness
- \_\_\_\_\_ CA-2A Employee's Claim for Reoccurrence of Injury
- \_\_\_\_\_ CA-4 Claims for Compensation on Account of Occupational Illness
- \_\_\_\_\_ CA 7 Claims For Compensation on Account of Traumatic Injury
- \_\_\_\_\_ CA8 Claim for Continuing Compensation
- \_\_\_\_\_

Requested by \_\_\_\_\_