

WESTERN MICHIGAN AREA LOCAL #281 (APWU)

Grievance Complaint Sheet/Information (Cross Craft Violations(others doing our work))

Complete and submit to your steward (contact the union office directly if no steward is available at the below numbers)

Employee Name _____ Emp. ID# _____

Full Address (Include City and Zip) _____

Phone Number _____ Seniority/Hire Date _____

Work Hours _____ SDOs _____

Step/Level _____ Place of Work/Pay Loc. _____

Supervisor's Name _____ Veteran? _____ Today's Date _____

FTR PTF NTFT PSE

Complete and Accurate Details of Event(s) :

On, _____ Date of Infraction/ Violation _____, the following employees: _____

_____ State each employee's name who is outside the bargaining unit who was working _____ was/were witnessed performing

bargaining unit work: _____ State what was being done (e.g. sorting mail, operating machine, cleaning) for a period of:

_____ State the time frame or # of hours _____ in the _____ State Location the violation occurred. _____ area/section in

violation of the National Agreement. The following bargaining unit employees were in the

section/area at this time and also witnessed this/these violation(s): _____

_____ List all other employees who may have witnessed this violation

Additional Comments: _____ List any additional information regarding this violation you think may be pertinent.

Signature/Date _____

(Use reverse for more space)