

## HOW TO FILE A GRIEVANCE

1. Approach your immediate Supervisor or Postmaster with the problem and try to resolve the issue through a discussion. You **must** have a discussion with management and your local steward may accompany you to this meeting.
2. If there is no resolution then ask management for a PS Form 8191 (Joint Step 1 Grievance Form)

**You and your manager complete lines 1 through 4 on the PS Form 8191 and management makes a copy and returns the original to you.**

**Items 1a -2c:** complete with your own information. Be sure to include your route number, EIN number along with your **complete** mailing address with city, state and zip code.

**Item 3a:** is the date that the incident occurred for contractual issues or the date you received the disciplinary letter.

**Item 3b:** is the date that you had the discussion with management. Have management initial this box acknowledging that you have filed a grievance. Line 3b **must** be within **14 days** of the incident date in line 3a.

**Item 3c:** should be Yes, within 14 days.

**Item 4:** Should be in a form of question outlining your issue for the grievance.

Examples: Did management violate the National Agreement when they issued me a 7 day suspension without just cause? Did management violate the National Agreement when they failed to schedule me for work?

### **YOU HAVE NOW FILED A GRIEVANCE BUT YOU MUST GET IT TO A STEWARD**

Hand the grievance to your local steward. If no local steward then send it to your area steward that is assigned to your office. If no area steward then call your District Representative for guidance. You must supply all of the completed originals to the steward including the following:

1. Original PS Form 8191
2. Your signed statement about the incident
3. Authorization of Release of Information Agreement
4. Copy of PS form 50 (Notification of Personnel Action)
5. Copy of the discipline letter
6. Copy of any information that will be helpful to your case

**THE STEWARD HAS ONLY 10 DAYS TO MEET WITH MANAGEMENT FROM THE DATE IN LINE 3b. DO NOT DELAY SENDING THE INFORMATION TO THE STEWARD.**

# GRIEVANT'S STATEMENT

**FOR THE UNION FILE ONLY - NOT PART OF THE JOINT FILE**

DATE: \_\_\_ / \_\_\_ / \_\_\_

GRIEVANT: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Grievant's Title, Designation code, and Route Number: \_\_\_\_\_

Grievant's Mailing Address: \_\_\_\_\_

Grievant's Phone Number: \_\_\_\_\_

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

## **EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe in detail the circumstances that lead you to file this grievance (be specific):

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Signature of grievant

(use additional pages as necessary)



# NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

## AUTHORIZATION AND RELEASE OF INFORMATION AGREEMENT

This constitutes my consent and authorization to the disclosure and/or furnishing of any relevant and necessary information and/or records to \_\_\_\_\_, \_\_\_\_\_ of the National Rural Letter Carriers' Association, by any person, corporation, agency, or association concerning my personal history, medical history, employment, or any other matter relevant and necessary for reaching a conclusion to the grievance filed.

This authorization and release is executed with full knowledge and understanding that the National Rural Letter Carriers' Association will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of processing grievances.

I hereby release the aforementioned person, Association, and/or its representative(s) from any and all liability for damages of any kind or nature which may at any time result to me on account of compliance, or any attempts at compliance with this authorization, except for damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grievant's Name

\_\_\_\_\_  
Grievant's Signature

GRIEVANT'S ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

cc: Grievant  
File