



UPS GRIEVANCE FORM

Miscellaneous Drivers, Helpers & Warehousemen's Union
Local No. 638

Affiliated with the International Brotherhood of Teamsters

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FOR LOCAL USE ONLY

Case No. _____

Employee Name _____ ID# ID _____ Date Grievance Filed **DATE!** _____

Address Address _____ City City _____ State ST _____ Zip Code ZIP _____

Job Title Your Job Title _____ Center Your Center _____ Shift Shift _____

Employee's Phone Cell Phone _____ Date Incident Occurred Date of Incident _____

Date First Talked to Supervisor Date _____ Name of Supervisor Talked to Name of Sup _____

Name of Steward or Committee Person Name of Steward _____

Statement of Grievance by Employee For week ending [date], the posted start time was [time]. However, on [day of the week], my supervisor [first name] told me that i was to begin my shift at [time], which was prior to my posted start time.

The dates this occurred on were:

Date: _____ Amount of time prior to posted start time: _____

Date: _____ Amount of time prior to posted start time: _____

Date: _____ Amount of time prior to posted start time: _____

Date: _____ Amount of time prior to posted start time: _____

Date: _____ Amount of time prior to posted start time: _____

What Section of the Contract, Regulation or Laws Apply Article 17 NMA, Article 12 CSA

What Adjustment is Expected To be made whole for starting prior to my posted start time plus applicable penalty pay.

Employee Signature **SIGN HERE** _____ Steward Signature _____

Result of Case _____