



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) Austin, Kieth		2. Grievant's Telephone No. (Include area code)	
3. Seniority Date (MM/DD/YYYY)	4. Status (Check one) <input checked="" type="checkbox"/> FT <input type="checkbox"/> FTF <input type="checkbox"/> PTR <input type="checkbox"/> PTF <input checked="" type="checkbox"/> CCA		5. Grievant's Employee Identification Number (EIN)
6. District, Installation, Work Unit, ZIP Code® Rio Grande, Converse, 78109		7. Finance No. 48-1980	
8. NALC Branch No. 421	9. NALC Grievance No. 421-553-15	10. Incident Date (MM/DD/YYYY) 1-7 August, 2015	11. Date Discussed With Supervisor (Filing date) 8/12/15
12a. Companion MSPB Appeal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12b. Companion EEO Appeal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. Supervisor's Printed Name, Initials, and Telephone No.		13b. Steward's Printed Name, Initials, and Telephone No. RICHARD GOWD RD	

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).
 Did management violate Articles 14 and 19 of the National Agreement when management forced the grievant to work beyond his medical restrictions? If so, what is the appropriate remedy?

16. Undisputed Facts: List and attach all supporting documents. Use additional paper if necessary. Attachments? No Yes Number ____

17. UNION'S full, detailed statement of disputed facts and contentions: List and attach all supporting documents. Use additional paper if necessary. Attachments? No Yes Number ____

18. MANAGEMENT'S full, detailed statement of disputed facts and contentions: List and attach all supporting documents. Use additional paper if necessary. Attachments? No Yes Number ____

19a. Union Representative: Enter the remedy requested by the union.

Management will 'cease and desist' violating Article 14 and 19 in regard to the grievants medical restrictions. Management will ensure that all medical restrictions are strictly adhered to.

19b. Settlement Offer: List any settlement offers by either party on page 3.

20. Disposition (Check one) Resolved Withdrawn Not Resolved Date of Formal Step A Meeting (MM/DD/YYYY) 8/12/15

21a. USPS Representative's Name Gregory Lavette	21b. Telephone No. (Include area code) (210) 659-4503
21c. USPS Representative's Signature [Signature]	21d. Date (MM/DD/YYYY) 08/13/2015
22a. NALC Representative's Name RICHARD GOWD	22b. Telephone No. (Include area code)
22c. NALC Representative's Signature [Signature]	22d. Date (MM/DD/YYYY) 8/12/15