



**Local 251 UPS 9.5 GRIEVANCE PROCESSING FORM**

121 Brightridge Ave, East Providence, RI 02914

www.teamsterslocal251.org

401-434-0454 (Phone) 401-431-1893 (Fax)

*Instructions [from Article 48, Section 2(a)]: The employee shall report it (the violation) to his shop steward in writing within five (5) working days. The steward shall attempt to adjust the matter with the supervisor within two (2) working days.*

Are you currently on the 9.5 list?  Yes  No When did you place your name on the 9.5 list? \_\_\_\_\_

Where did the violation take place [List Center(s)]? \_\_\_\_\_

Identify all management personnel involved in this grievance [Name(s) & title(s)].  
\_\_\_\_\_

Complete the following chart. Use a new form for each week of violation.

Day	Date	Route	Start Time	Lunch	End Time	Hours Worked
Mon				to		
Tue				to		
Wed				to		
Thr				to		
Fri				to		

**CONTRACT ARTICLES VIOLATED:** *All relevant articles of the contract and past practices including but not limited to:*

Article 37 of the National Master Agreement & 9.5 Committee Guidelines

**SETTLEMENT REQUESTED:** *The grievant asks to be "made whole" in every way in addition to the following remedy:*

Cease and desist from violating the Grievant's 9.5 rights. Reduce load as necessary. Pay triple time for all hours worked more than 9.5 per day. Maintain a sufficient workforce.

**GRIEVANT INFORMATION** - [Print name of Grievant] \_\_\_\_\_

Phone \_\_\_\_\_ Employee ID \_\_\_\_\_ Seniority date \_\_\_\_\_ Pay rate(s) \_\_\_\_\_

Job / Classification: \_\_\_\_\_ Building: \_\_\_\_\_ Home Center \_\_\_\_\_ Start time \_\_\_\_\_ AM PM

**STEP 1 RESPONSE** - Steward's Name \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date & place grievance was first discussed with the supervisor: (date) \_\_\_\_\_ (place) \_\_\_\_\_

**CHECK BOX IF GRIEVANCE WAS SETTLED AT STEP 1:** If there is a satisfactory settlement to the grievance at step 1, check this box, write the grievance settlement below and have the parties sign the decision. Deliver the signed settlement to the Union Office for filing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor / Manager

\_\_\_\_\_  
Union Steward

\_\_\_\_\_  
Member

**CHECK BOX IF THE GRIEVANCE IS NOT SETTLED AT STEP 1:** The contract states: *Article 48, Section 2(b) Failing to agree, the shop steward shall promptly report the matter to the Union which shall submit it in writing and attempt to adjust the same with the Employer within five (5) working days.* Steward Instructions: Immediately pass this grievance processing form to the Union Rep for Step 2 of the grievance procedure. In the space below write the supervisor's reason for denying the grievance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_