

Teamsters Union Local No. 252 U.P.S. Grievance Form -- 9.5 violation

Name: _____ Classification: Driver

Center: _____ Date(s) of Violation: Week Ending Saturday _____ and ongoing

Section(s) of Agreement Violated:

NMUPSA ARTICLE(S) 37 Sec 1

WRTUPSSA ARTICLE(S) 19

JC28 ARTICLE(S)

JC28 SA ARTICLE(S)

And all others that apply.

Past Practice? No

Reported to Immediate Supervisor? YES Date Reported _____ .

Results: Denied Orally Name of Supervisor: _____ .

Grievance Received On: _____ Union Representative: _____ .

Employee Signature _____ Date: _____ .

Description of Violation: _____, is / is not an over 4 year, bid driver and is on the current 9.5 opt-in list. On week(s) ending _____, _____ was dispatched with more stops than he/she could complete in less than 9.5 hours at least 3 times.

Relief sought: Pay _____ triple time for hours in excess of 9.5 for the week ending _____ and adjust the dispatch to allow him / her to stay under 9.5 hours worked.

Hours over 9.5 M- _____ T- _____ W- _____ TH- _____ F- _____ .

Total Week ending _____, _____ hours over 9.5

Instructions: Just fill in the blanks and circle is or is-not an over 4 year driver.