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Jack Leventhal Branch No. 41 National Association of Letter Carriers

BROOKLYN LETTER CARRIERS ASSOCIATION

GRIEVANCE INVESTIGATION REQUEST

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Sarina Furia
Director of Health Benefits

Mena Aziz
Asst. Director Health Benefits

Keswald Jones
Trustee

Beatrice Willis
Trustee

Carmelo Lasalle Jr.
Trustee

Station:

Request Date:

Supervisor:.

Incident Date:

Steward / NALC Rep.:

Grievant:

Violation : Contract Article:

Local item:

Manual:

Identify Problem:

If grievance concerning a medical issue and medical documentation is required, this area is for the purposes of giving permission to the NALC to have this information released to them by the grievant.

Grievant's signature: _____ Date: ____/____/____

As per Articles 17 & 31 of the National Agreement, I am requesting the following information:

Supervisor's Signature that documents were given : _____

Date: ____/____/____

Steward's Signature that documents were given: _____

Date: ____/____/____

As per Article 17, I also request steward's time to investigate and file the appropriate grievance:

Investigation Date:

Approx. Time Needed to Process:

Informal Step A Date:

Approx. Scheduled Time:

Supervisor's Signature: _____

Steward's Signature: _____