

No. _____

PLEASE FILL OUT COMPLETELY

Grievant Name		Telephone No.
Mailing Address _____		

City, State, Zip _____		
Email:		
Name of company against whom you are filing complaint:		
Occupation	Seniority Date	Employee I.D. # (If applicable)
Worksite Location/Center Name:		
Manager/Supervisor		
Violation of National Master UPS Agreement Article 311 (c) for excessive overtime.		
Please enter hours worked below, and if using a UPS timecard app, subtract any unpaid break time or lunch.		
This grievance is for weekending:		
Hours for Monday:		
Hours for Tuesday:		
Hours for Wednesday:		
Hours for Thursday:		
Hours for Friday		
Total estimated hours over 9.5:		
Requesting the grievant be paid the triple time penalty for these hours of excessive overtime.		
When did you join Local 222?		
This will constitute Teamsters Local 222 or any employee or agent designated by them as my attorney-in-fact empowered to receive on my behalf any monies due me.		
***GRIEVANT'S SIGNATURE _____		
Business Agent Signature:		