

Teamsters Local 58 UPS Over 9.5 Grievance Form



This form must contain all of the following information:

Date of filing: _____

Grievant Name:	Home Phone:																																			
Mailing Address:	Cell Phone:																																			
City, State, Zip:																																				
Local 58 Seniority Date:	UPS Employee ID #																																			
Vancouver <input type="checkbox"/> Kelso <input type="checkbox"/> Longview <input type="checkbox"/> Tillamook <input type="checkbox"/>																																				
Bid Package Driver <input type="checkbox"/> Unassigned Package Driver <input type="checkbox"/>																																				
22.4 Combination Driver <input type="checkbox"/>																																				
<i>22.4 combination drivers are not protected by the provisions of Article 37.1c of the National Master which contains the triple time penalties. However, 22.4 drivers are protected by Article 19 of the Western Supplement and have the right to file a grievance protesting excessive overtime and requesting your working hours be reduced.</i>																																				
Contract Articles Violated: <u>37.1(c) NMUPSA, 19 WRSA, and any other articles that may apply.</u>																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Dates of Occurrence</th> <th style="width: 10%;">Hours</th> <th style="width: 10%;">Route #</th> <th style="width: 15%;">Help Requested?</th> <th style="width: 10%;">Help Given?</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>_____ / _____ / _____</td> <td>_____</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> <tr> <td>Tuesday</td> <td>_____ / _____ / _____</td> <td>_____</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> <tr> <td>Wednesday</td> <td>_____ / _____ / _____</td> <td>_____</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> <tr> <td>Thursday</td> <td>_____ / _____ / _____</td> <td>_____</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> <tr> <td>Friday</td> <td>_____ / _____ / _____</td> <td>_____</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> <tr> <td>Saturday</td> <td>_____ / _____ / _____</td> <td>_____</td> <td>Yes___No___</td> <td>Yes___No___</td> </tr> </tbody> </table>	Dates of Occurrence	Hours	Route #	Help Requested?	Help Given?	Monday	_____ / _____ / _____	_____	Yes___No___	Yes___No___	Tuesday	_____ / _____ / _____	_____	Yes___No___	Yes___No___	Wednesday	_____ / _____ / _____	_____	Yes___No___	Yes___No___	Thursday	_____ / _____ / _____	_____	Yes___No___	Yes___No___	Friday	_____ / _____ / _____	_____	Yes___No___	Yes___No___	Saturday	_____ / _____ / _____	_____	Yes___No___	Yes___No___
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Saturday	_____ / _____ / _____	_____	Yes___No___	Yes___No___																																
<i>Important: If you believe you may be over 9.5 make sure you are contacting your center for help on a daily basis, and make sure you are documenting that communication, including the response from the center.</i>																																				
I am requesting relief from excessive overtime and all other appropriate remedies afforded under the CBA.																																				
	Signature: _____																																			

Grievant must fill out this form completely, submit a copy to the Employer and furnish a copy immediately to:

Teamsters Local 58
 2212 NE Andresen Road
 Vancouver, WA 98661

Phone: 360-693-5841 Fax: 360-695-0768