Teamsters Local 58 UPS Over 9.5 Grievance Form

Date of filing: _____



This form must contain all of the following information:

Grievant Name:			Cell Phone:	
Mailing Address:				
City, State, Zip:			Email:	
Local 58 Seniority Date:		UPS Employee	e ID #	Wage Rate:
Vancouver [☐ Kelso ☐ Wa	arrenton 🗌	Tillamook 🗌	
Bid Package Driver Unassigned Package Driver Contract Articles Violated: 37.1(c) NMUPSA, 19 WRSA, and any other articles that may apply.				
CONTRACT AFT	Dates of Occurrence		ute # Help Requested?	
Monday	Dates of Occurrence	riours ito	Yes No	Yes No
Tuesday			Yes No	Yes No
Wednesday			YesNo	YesNo
Thursday			YesNo	YesNo
Friday			YesNo	YesNo
Saturday			YesNo	YesNo
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 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