

Fill out this form completely & return in person, by mail or by fax to:

Teamsters Local 324 FAX: 503-378-7590
4871 Lancaster Dr. NE
Salem, OR 97305



Teamsters Local 324

UPS 9.5 Violation GRIEVANCE FORM

Name:	Cell	<input type="checkbox"/>	
	Phone:		SALEM
Address:	Home	<input type="checkbox"/>	
	Phone:		CORVALLIS
City, State /	Seniority	<input type="checkbox"/>	
ZIP:	Date:		NEWPORT

Full-Time Drivers are eligible for this protection provided:

1. The driver covers the route for a full week,
2. The driver bids or is assigned to cover a route for a full week but is prevented from completing the full week due to reassignment by Employer,
3. **OR** a driver with four (4) years of seniority as a full-time package driver.

Date requested to be on the 9.5 opt-in list through your UNION:

Union Time Stamp

*** CONTRACT ARTICLES VIOLATED: 19 WRSA, 37.1(c) NMUPSA and all other applicable Articles. ***

	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 ___

If you are an unassigned driver and notified the Company that you wanted to be on a route for an entire week, describe why you were reassigned before the end of the week: _____

Important: *If you know you're going to work over 9.5 hours, make sure you are contacting your Center for help on a daily basis and documenting everything about that communication including times, contacts and whether you received help and had enough help to keep you under 9.5 hours. This information is not mandatory but will support your grievance.*

"I am on the 9.5 opt-in list and was violated on the above dates and request to be paid triple time for the hours I was worked over 9.5."

SIGNATURE: _____