



Teamsters Local 70

UPS 9.5 Violation Grievance



NAME OF COMPANY: United Parcel Service (UPS)

Date of Incident: _____

Name of Employee: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone No: () _____ - _____ Cell Phone No: () _____ - _____

Explanation of Incident or Violation – (Include all dates, names, and equipment numbers):

UPS has violated the 9.5 provisions of the contract.

Agreement Article: Article 22 Section 3 NCSA and Article 37 NMUPSA

Relief Sought: Cease and desist. Pay triple time for all violations.

Signature: _____

Route or Routes Driven: _____

Week Starting: _____

	MON	TUES	WED	THURS	FRI	SAT
START TIME						
FINISH TIME						
TOTAL HOURS						

IMPORTANT! Must be filed weekly AND must be 3 violations in a week to file.