



NEW YORK METRO AREA POSTAL UNION, APWU AFL-CIO
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A Democratic Trade Union

EXTENSION REQUEST FORM

Use this form, when an extension is needed, to process a grievance.

Type of Violation:

Date Violation Occurred:

Place Where Violation Occurred:

Grievant's Name:

Grievant's Work Location:

Step of the Grievance Procedure:

Print Steward's Name:

Print USPS Representative's Name:

We the undersigned parties mutually agree to extend the time limits on this grievance through _____ (Date). Extension of the time limits will bar either party from citing this grievance as being untimely.

USPS Representative's Signature & date

APWU Steward's Signature & date