



M-01003

UNITED STATES POSTAL SERVICE
475 L'Enfant Plaza, SW
Washington, DC 20260

October 26, 1982

Mr. Halline Overby
Assistant Secretary-Treasurer
National Association of Letter Carriers, AFL-CIO
100 Indiana Avenue, N.W.
Washington, D.C. 20001

Re: A. Thury
Mitchell, SD 57301
H1N-4C-C-7091

Dear Mr. Overby:

On several occasions, the most recent being October 14, 1982, we met with you to discuss the above-captioned grievance at the fourth step of our contractual grievance procedure.

The matters presented by you as well as the applicable contractual provisions have been reviewed and given careful consideration.

The question raised in this grievance involves the local requirement that employees provide, in addition to Form 3971, a separate statement of the reason for an absence due to illness. It was mutually agreed that the following would represent a full settlement of this case:


A blanket order for all employees to provide medical reasons for absences due to illness in a separate statement is improper. Section 513.36 of the Employee and Labor Relations Manual provides instructions for documentation requirements and is to be followed.

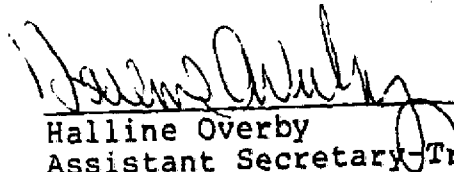
Please sign the attached copy of this decision as your acknowledgment of agreement to resolve this case.

Mr. Halline Overby

Time limits were extended by mutual consent.

Sincerely,


Howard R. Carter
Labor Relations Department


Halline Overby
Assistant Secretary-Treasurer
National Association of Letter
Carriers, AFL-CIO



National Association of Letter Carriers (AFL-CIO)

Pursuant to Article XV, Section 2, this form must be used to appeal a grievance to Step 2.

M-01003

— WITHDRAWN	RESOLVED
DATE	
MAILC INITIALS	USPS INIT

STANDARD GRIEVANCE FORM

DATE 5-18-82	BRANCH GRIEV NO J-5	USPS NO.
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TO: USPS STEP 2 DESIGNEE (NAME & TITLE) Ron Kight, Postmaster		INSTALLATION Mitchell, S.D. 57301	PHONE—OFFICE 996-6549
FROM: BRANCH NO. 498	BUSINESS ADDRESS 20 S. Harmon Dr. Mitchell, S.D. 57301		PHONE—OTHER 996-2656
STEP 2 AUTHORIZED UNION REP Gary Jarabek, Steward		PHONE—OFFICE	PHONE—OTHER 996-2656
STEP 1 MEETING: HELD ON (DATE/TIME) 5-15-82 0710	BETWEEN U.S.P.S REPRESENTATIVE Brad Bender	AND GRIEVANT Al Thury	STEWARD Gary Jarabek
GRIEVANT'S NAME (OR CLASS) Al Thury			PHONE 996-6827
HOME ADDRESS 515 S. Burns		CITY Mitchell	STATE S.D.
		ZIP 57301	
JOB CLASSIFICATION T-6 Letter-Carrier	CRAFT SENIORITY DATE 5-16-76	USPS SENIORITY DATE 9-15-73	DUTY HOURS 0710-1545
STATION OR BRANCH Mitchell, S.D.	SOCIAL SECURITY NO [REDACTED]		VETERAN <input checked="" type="checkbox"/> YES
OFF DAYS <input type="checkbox"/> ROTATING	FIXED—CHECK AS APPLICABLE	SA <input type="checkbox"/> SU <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>	LEVEL 6 STEP 11 REG <input checked="" type="checkbox"/>
STEP 1 DECISION 5-15-82	BY (NAME & TITLE) Brad Bender—Supervisor		SUPERVISOR'S INITIALS (UPON REQUEST)

PURSUANT TO ARTICLE XV OF THE NATIONAL AGREEMENT, WE HEREBY APPEAL TO STEP 2, THE FOLLOWING GRIEVANCE
 VIOLATION: INCLUDING BUT NOT LIMITED TO NATIONAL (ART & SECT) Art. X Sect. 5 LOCAL (ART. & SECT.)
 OTHER GROUNDS Employee and Labor Relations Manual 513.36

FACTS: WHAT HAPPENED Grievant was sick on 5-10-82. On 5-11-82 Grievant filled out form 3971 for sick leave, and also had to write on separate piece of paper the reason for using sick leave.

UNION CONTENTIONS: REASONS FOR GRIEVANCE According to the Nat. Agreement and Empl and Labor Relations Manual the Supervisor may accept the employee's statement explaining the absence if 3 days or less. Medical documentation or other evidence is required only when employee is on restricted sick leave or supervisor deems documentation desirable for the protection of the interests of the Postal Service.

CORRECTIVE ACTION REQUESTED: That the Supervisor accept the employee's statement explaining the absence; and that medical documentation or other evidence of incapacity for work is not required.

BRANCH PRESIDENT/DESIGNEE Allen Thury SIGNATURE Allen F. Thury