

MPLS Tolerance Form

Date and Time of Incident:

Date you turned in This Form & To which APWU Representative:

Name of Your Immediate Supervisor (If Known):

Name of Supervisor/Manager who has violated ZT Policy:

How was the policy violated . . . What did this Supervisor/Manager do to you: (add pages as necessary) . . .

Witnesses & Statements if Possible: (add pages as necessary) . . .

Where did this violation occur:

Your Name, Work Hours, Days Off and Pay Location:

CC: Local President, Craft Director, Coordinator, or SCF Director as Appropriate.