

**This portion to be completed by Local 710 Office ONLY.**

District: Local 710 Article: 27 and All that Apply  
 Type: Protest (B.A.) Steward: N/A  
 Agent: Schaefer

- Discharge
- Suspension
- Pay Claim
- Protest
- Other \_\_\_\_\_

**LOCAL UNION NO. 710, AFFILIATED WITH THE I.B. OF T. 9000 W 187<sup>TH</sup> ST, MOKENA, IL 60448**  
 HIGHWAY DRIVERS, DOCKMEN, SPOTTERS, RAMPMEN, MEAT PACKING HOUSE AND ALLIED PRODUCTS DRIVERS  
 AND HELPERS, OFFICE WORKERS, AND MISCELLANEOUS EMPLOYEES

**PHONE | 773-254-3200 FAX | (773) 254-4193 EMAIL | UPS.GRIEVANCES@TEAMSTERS710.ORG**

Date/Time \_\_\_\_\_  
 Time Clock \_\_\_\_\_  
 Initials \_\_\_\_\_

**UPS  
 RECORD OF GRIEVANCE**

Date 7/16/25  
 Name Del Schaefer Address 9000 W 187<sup>th</sup> St.  
 City Mokena State IL Zip 60448 Phone No. \_\_\_\_\_  
 Email Address DSchaefer@TEAMSTERS710.ORG Employee ID N/A  
 Worksite Location Teamsters Local 710 Manager N/A  
 Class of Work President/BA Local 710 Seniority Date N/A  
 If This is a Pay Claim, State the Number of Hours \_\_\_\_\_ Total Amount \$ \_\_\_\_\_  
 Date of Violation 7/15/2025 Article Number of Contract Violated 27 and All that Apply

State Nature of Complaint (GIVE NAMES, DATES, TIMES, PLACES):  
ON or about July 15 2025, the Company indicated that it is proceeding with the rollout of the DSP program within Local 710's jurisdiction without the Local's consent. This violates Article 27 of the Collective bargaining agreement. The Union requests that the Company immediately cease and desist.

Last 4 Digits of Social Security Number \_\_\_\_\_ Member's Signature Del Schaefer

**IT IS THE GRIEVANT'S RESPONSIBILITY TO FORWARD THIS GRIEVANCE, COMPLETED IN ITS ENTIRETY, TO THE HEADQUARTERS OF LOCAL 710 TO BE PROCESSED IN A TIMELY MANNER. GRIEVANCES MAY BE SCANNED OR FAXED TO 710, BUT THE ORIGINAL MUST STILL BE SENT AS WELL. (over)**