



# CLAIM FORM - CONSOLIDATED RAIL SYSTEM FEDERATION OF THE BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES DIVISION

Time Limits start on the date of occurrence (violation). Submit this form as soon as possible to insure time limits are met. Information in this form will be used to develop a written claim or grievance.

## COMPLETE BOTH SIDES

TO: \_\_\_\_\_ (Designated Carrier Officer to Receive Claim) \_\_\_\_\_ (Date)

### WHO is claiming?

Claimant Name \_\_\_\_\_ ID No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Headquarters \_\_\_\_\_ Gang No. \_\_\_\_\_ Position \_\_\_\_\_

Work Hours \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. Check one ( ) 5-8 hr days ( ) 4-10 hr days

Seniority dates: Position \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_ Date \_\_\_\_\_

Present Position: \_\_\_\_\_ Working \_\_\_\_\_ Furloughed \_\_\_\_\_

Adjustment Requested: ST Hrs = \_\_\_\_\_ TH Hrs = \_\_\_\_\_ DT Hrs = \_\_\_\_\_

List any additional claimants:

<u>Name</u>	<u>Employee No</u>	<u>Seniority Date</u>	<u>Position</u>	<u>Pay Rate</u>

List any witnesses:

WHAT did the company specifically do that violated the Agreement?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT rule(s) do you feel were violated?

---

---

WHEN did the violation occur?

Date(s) of violation \_\_\_\_\_

Time: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Total hours involved \_\_\_\_\_

Is this claim/violation continuing? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

WHERE did the violation occur?

Location (M.P.) \_\_\_\_\_ Station \_\_\_\_\_ Seniority District \_\_\_\_\_

Division \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

IF THIS IS A CONTRACTING OUT VIOLATION:

Name of Contractor \_\_\_\_\_ Number of Contractor's employees \_\_\_\_\_

Time worked each day \_\_\_\_\_ Date(s) worked \_\_\_\_\_

Type of equipment used \_\_\_\_\_

Explain what the contractor was doing \_\_\_\_\_

---

I hereby authorize my Representative to make resolution of this claim:

---

Signature

---

Lodge #

---

Emp ID#