BLE CLAIM FORM R-100

General Information

This form is to be used by the EMPLOYEE when submitting a claim to the Local Committee of Adjustment for further handling. The *BLE Constitution and Bylaws* provides that a claim or grievance must be submitted using this form and be accompanied by a full statement of facts.

The Local Chairman must file claims or grievances within certain time limits, generally within 60 days of date of denial date on the payroll register. Therefore, each aggrieved employee should make certain that his/her claim, with as much documentation as possible, is filed with the Local Chairman in ample time for the claim to be properly prepared, researched, and mailed within the specified time limits.

Facts About Your Claim

Type of Claim (Runaround, ITD, FTD, etc.)

_____

Name_____

SSA#_____

Claim #_____

Date Claim Occurred (mm/dd/yy)_____

Date Claim Submitted_____

Date of Decline_____

Decline #_____

Job No._____

Pool_____

For Runarounds:

Your Train I.D._____

Your OD time_____

What terminal_____

Engineer who ran around you_____

Other Eng'r. OD Time_____

Other Eng'r. Train I.D if known _____

Departure tracks: Yours_____Other Eng'r. _____

Time of your departure_____Time of other Eng'r._____

OVER

Statement of Claim or Grievance (Describe the nature of your claim or grievance.)

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_____

List below any other pertinent facts concerning this claim or grievance.

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What provisions of the contract or agreement do you believe have been violated or which support your claim.

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Be sure to attach copies of any documents that have a bearing on this claim or grievance.

Items that **must** be included:
Timeslip or =PE copy
Payroll Register copy showing denial number

A copy of call sheets, Co. Officer names if necessary, translogs (include a "b_e" translog if possible), etc. is highly recommended.

This form should be dated and signed by the claimant and filed with the Local Chairman.

_____   _____
Date   Signature of Claimant