"Serving Since 1863"

BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN

JERRY JENSEN ◆ LOCAL CHAIRMAN ◆ DIVISION 98
3136 SEQUOIA DRIVE ◆ LINCOLN, NE 68516-1621
PHONE AND FAX NUMBER (402) 421-1030

STATEMENT OF FACTS
COVERING TIME CLAIM AND/OR GRIEVANCES

Name of Claimant: _____ Employee Number: _____

Phone Number: _____ Date claim submitted to LC: _____

On Duty/Claim Date: _____ Assignment: _____ Subdivision: _____

Report Date From Timeslip: _____ Date of Decline: _____ Ticket #: _____

Train ID: _____ Engine Consist: _____

Initial Terminal: _____ On Duty Time: _____ Departure Time: _____

Final Terminal: _____ Arrival Time: _____ Off Duty Time: _____

Type of Claim: _____ Occupation Code: _____

Is This an IF Claim: Yes No Date IF Claim Was Incurred: _____

Detailed Statement of Facts: _____

_____

_____

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_____

_____

_____

Other Crew Member(s): _____

Date Received by Local Committee: _____ Recd. By: _____

Attach all correspondence pertaining to the claim, including timeslip or claim copy, claim decline, train delay, earnings statement, call sheet, locomotive malfunction report, board standing, movement history etc. BLE00-0711.