

**CLAIM FORM for WORK PERFORMED BY A CONTRACTOR
BMWED of IBT – AFFILIATED SYSTEM FEDERATION**
(To be used for contracting out only – all other claims use other form)

ASHLAND OFFICE: Fax to (606) 931-0008 --- or mail to: 9300 Runyon Rd. Catlettsburg, Ky 41129 If you have questions – contact your Local Chairman or call the System Office at (606) 931-0115

MOBERLY OFFICE: Fax to (660) 263-7481 --- or mail to 1101 County Rd. 2375 Moberly, MO 65270 If you have questions – contact your Local Chairman or call the System Office at (660) 263-7480

This claim is for union use only. DO NOT submit to the company. The success of your time claim depends upon the information you provide, it needs to be specific & exact. SUBMIT THIS FORM WITHIN 15 DAYS AFTER THE FIRST DAY OF THE VIOLATION TO ENSURE TIME LIMITS ARE MET UNDER ALL AGREEMENTS.

WHO: Give as much detail and information as possible regarding the employees doing this work.

Name of contractor(s) doing work: _____

Was equipment used? _____ Yes _____ No

If yes, what was the make & model of the equipment: _____

Who operated that equipment: _____

What specific work is this equipment doing: _____

WHEN: Provide exact dates & hours the above employees worked on each of these dates. **(DO NOT GUESS)**

<u>Date:</u>	<u>Starting Time:</u>	<u>Quitting Time:</u>	<u>Number of contractor employees working:</u>	<u>Exact total of hours worked by each of the contractor employee(s) on this date:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total number of hours being claimed: _____

** For additional dates, please include this same information on an additional sheet for those dates.

WHERE: Provide exact details on location where the work was done, such as milepost limits, section, depot, platform, etc.

WHAT:

List any MOW forces that worked alongside or assisted the contractor and its employees:

List any equipment owned by the Railroad which could have done this work and where that equipment was located:

List any local business(es) where the Railroad could have rented this type of equipment:

Provide a detailed explanation of the actual work being done by the contractor and its employees:

(Remember good details win claims - bad details lose claims)

WHO IS CLAIMING THIS WORK: Please list your name and/or the names of the BMWED members who are the **employees regularly assigned to the work in question or who would be the senior employees claiming this work.** Include the position they were working & the crew they were assigned to on the dates of violation.

Names/EMP NUMBER:

Position & crew assigned to on dates of violation:

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What are the regular assigned hours & work week of the above claimants on the dates of this claim:

Add any comments below you may have regarding this claim that you think may help us:

Read before signing. By signing this form I understand that it is very important that I respond to any requests from the union for any additional necessary information to substantiate this claim. I also understand if I fail to act on the union's request for any additional necessary information in this regard, I may place the success of this claim in jeopardy. Please include a phone number and e-mail address where we may contact you for additional information.

Signature: _____

Date: _____

Print name: _____

Employee #: _____

Telephone: _____

E-mail address: _____

ATTACH ANY PHOTOS, STATEMENTS & DOCUMENTATION FOR THE WORK BEING CLAIMED, OR ANY OTHER INFORMATION TO ASSIST US IN PROVING THIS WORK WAS PERFORMED ON THE DATES AND HOURS CLAIMED. IF YOU NEED ADDITIONAL SPACE FOR THE INFORMATION REQUESTED, PLEASE ATTACH ADDITIONAL PAGES.



MY WITNESS STATEMENT

NAME (PLEASE PRINT) _____

DATE(S) OF WITNESSED WORK _____

OCCUPATION AT TIME OF STATEMENT _____

LOCATION OF WITNESSED OR DISCOVERED WORK. _____

DIVISION _____ **SUBDIVISION** _____

AREA(S) _____

OR _____

MILE _____

POST(S) _____

EXPLANATION OF WORK YOU WITNESSED OR DISCOVERED. _____

IF WITNESSED GIVE DETAILS ABOUT HOW THE WORK WAS DONE. _____

WHO PERFORMED THE WORK? _____

I verify that the above statement is true to the best of my recollection:

Signed: _____ **Date:** _____