

CLAIM FORM
BMWED of IBT – AFFILIATED SYSTEM FEDERATION
(Not to be used for contracting out - 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 employee(s) doing work:	Position(s) they worked:
_____	_____
_____	_____
_____	_____

Was equipment used? **Yes** **No**

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

Who operated that equipment: _____

What 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 above employees working:</u>	<u>Exact total of hours worked by each of the above 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.

Location where work was performed: _____

WHY: Why was this work being performed? (Example: Emergency, snowstorm, rehabilitation, derailment, pre-planned, regularly scheduled, gang project, overtime): _____

WHAT RULE HAS BEEN VIOLATED: Provide a detailed explanation of the actual VIOLATION. In other words what happened that you think was an Agreement violation and why is it violation. (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.

