

CSXT, Non-Op Report of Protected Employees

FORM PR-GUA1
(Revised 7/1/05)

(ID No.) _____ (Protection Agreement) _____ (Protection Expiration Date) _____

(Employee's Name) _____ (Guarantee Rate) _____ (Guarantee Hours) _____

(Location) _____ (Hourly, daily, or monthly guarantee) _____

Former Road: Canadian

Earnings (including sick, vacation, personal leave, etc.)		Charge Against Guarantee				
Position No.	Rate Of Pay	Time Declined		Outside Earnings	RUIA	For Accounting Department use
		Position No. Declined	Overtime Hours Declined			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						Guarantee Amount
17						Gross Pay
18						Time Lost
19						Total Earn. Avail.
20						Amount Due
21						PRNO-POS #
22						Guarantee Type
23						PPE
24						Initial
25						
26						
27						
28						
29						
30						
31						
Total						

- Carman
- Machinist
- Electrician
- Boilermaker
- Blacksmith
- SH Metal Wkr
- Fireman&Oiler
- Contract Supv
- Yardmaster
- M of W
- Clerk
- Signal
- Dispatcher
- Patrolman
- ARSA
- Reg Assigned
- Furloughed

I hereby certify that the above information is true and correct, and I agree on request of CSXT to submit promptly for inspection when available a copy of each (W-2) statement of earnings that I am furnished each year by my employers.

_____/_____/_____
 (Employee Signature) (Prepared By) (Supervisor's Signature) (Print Name) (Date)

INSTRUCTIONS

1. Form PR-GUA1 replaces former Seaboard Guarantee Forms TK 89 Series and Chessie Form X204 effective June 1, 1988.
2. The following fields must be completed.
 - A. ID Number (6 digits only). Do not precede ID with 1 or 2 for former Chessie Roads.
 - B. Name - initials and last name only.
 - C. Claim Period - Month and year, or bi-weekly period.
 - D. Agreement - Name of agreement which allows guarantee
Examples: New York Dock; Job Stabilization; Feb 7
 - E. Guarantee Rate
 - F. Location
 - G. Expiration Date of Protection - List month, day and year
 - H. Guarantee Hours
 - I. Daily or Hourly Guarantee
 - J. Former Railroad prior to becoming CSXT (Ex: SCL, LN, CO, BO, CR)
Also check if Canadian.
 - K. Regular Assigned or Cut off - Check one
 - L. Check Craft for which guarantee was earned
 - M. List all information in blocks in area for each day of the month, including all work declined, lost time and outside earnings. List monies received from Railroad Retirement Board.
 - N. All forms must be completed with all information requested, or form will be returned to employee.
- O. Form must be signed by employee, person prepared by (if submitted on behalf of an employee), and must be approved by authorized officer of the Company.
- P. When form is completed, mail to:

CSX Transportation, Inc. - J455
Attn: Non-Op Guarantee Claim
500 Water Street
Jacksonville, FL 32202