Claim / Grievance Form

BLET622

Local Chairman:
KH White
308 762 2220

723 Flack Ave
Alliance, NE 69301

Committeemen:
LR Thomas, EA Hitchcock
RK Hellwig, KC Chasek

NAME_____ **TICKET#**_____ **TODAYS DATE**_____

DECLINE DATE_____ **ON DUTY/OCCURRENCE DATE**_____

MONEY or MILES SHORTED_____ **CODE CLAIMED**_____ **LOCO's**_____

STATEMENT OF FACTS_____

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SIGNATURE_____ E-MAIL_____

PHONE_____

Documents to include with this form:

1. DECLINE
2. ORIGINAL TICKET
3. CALL SLIP
4. DELAY OR DOCUMETS TO SUPPORT CLAIM
5. 816 EARNINGS STATEMENT
6. 1 STAPLE UPPER LEFT CORNER

CLAIMS DIE AFTER 60 DAYS FROM DECLINE DATE