

NOTICE OF CLAIM/GRIEVANCE



**BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN
LOCAL COMMITTEE OF ADJUSTMENT – DIVISION 622
723 FLACK AVENUE
ALLIANCE, NE 69301**

FACTS ABOUT YOUR CLAIM OR GRIEVANCE
(Complete all items applicable to this claim or grievance.)

1. Date of occurrence giving rise to claim or grievance _____ Date of claim _____
Month-Day-Year Month-Day-Year
2. Ticket number. _____
3. Train No. or Job No. _____ 4. Location of claim _____
5. Locomotive Nos. _____
6. Time on Duty _____ 7. Time off duty _____ 8. Total time on duty _____
9. Amount claimed _____

STATEMENT OF CLAIM OR GRIEVANCE (Briefly describe the nature of your claim or grievance.)

What provisions of the contract or agreement do you believe have been violated or which support your claim?

LIST BELOW ALL OTHER PERTINENT FACTS CONCERNING THIS CLAIM OR GRIEVANCE (Use a separate sheet if necessary):

Be sure to attach copies of any documents bearing on the claim or grievance, e.g., time slips, rejection or denial notices, notices of investigations or hearings, instructions, etc.

Date

Printed Name of Claimant

Signature of Claimant