

CLAIMS OR GRIEVANCES FORM - SOUTHERN SYSTEM DIVISION

TIME LIMITS START ON THE DATE OF OCCURRENCE (VIOLATION)

NOTE: THIS FORM IS FOR INTERNAL UNION USE ONLY. IT IS NOT TO BE SUBMITTED TO THE COMPANY. THIS FORM SHOULD BE SUBMITTED TO THE SOUTHERN SYSTEM DIVISION - P. O. BOX 24068, KNOXVILLE, TN. 37922, OR FAXED TO (865) 671-1386, AS SOON AS POSSIBLE. THE SUCCESS OF YOUR CLAIM OR GRIEVANCE DEPENDS UPON THE INFORMATION YOU GIVE. THE INFORMATION USED IN THIS FORM WILL BE USED TO DEVELOP A WRITTEN CLAIM OR GRIEVANCE. DUE TO STRICT ENFORCEMENT OF THE TIME LIMITS PROVIDED IN YOUR AGREEMENT FOR FILING A CLAIM OR GRIEVANCE YOU SHOULD SUBMIT IT TO YOUR UNION AS SOON AS POSSIBLE

1. WHO is filing this time claim?

Claimant Name: _____
Employee ID Number: _____
Mailing Address: _____
Home Phone No.: (_____) _____ Cell Phone No.:(_____) _____
Position: _____ Gang No.: _____ Headquarters Location: _____
Work Week: _____ through _____ Assigned Hrs. (Reg.): (from) _____ (To): _____
Seniority Dates: _____, _____ (position)
(Date) (position) (Date)
Date Furloughed: (If Appl.) _____

ADDITIONAL CLAIMANTS

(Name) (Emp. No.) (Sen. Date) (Position) (Phone No.)

WITNESSES

(Name) (Emp. No.) (Sen. Date) (Position) (Phone No.)

WHAT did the Company do that is a violation of the rules and/or agreement? Tell what occurred and be specific.

WHEN did the violation occur?

Date(s) of violation: _____
Time: (From) _____ (To) _____ Total Hrs. Involved: _____
Is this a continuing claim? (Yes) _____ (No) _____ Please check one.

WHERE did the violation occur?

Location (MP): _____ Station: _____ Seniority District _____
Division: _____ Town: _____ State: _____

WHY is this a claim or grievance?

List Agreement Rule(s) violated: _____
What are you claiming? _____

IF THIS IS A CONTRACTING OUT VIOLATION:

Name of Contractor: _____ Number of Contractor=s employees _____
Time worked each day _____ Date(s) worked _____
Type of equipment used _____
Explain what the contractor was doing _____