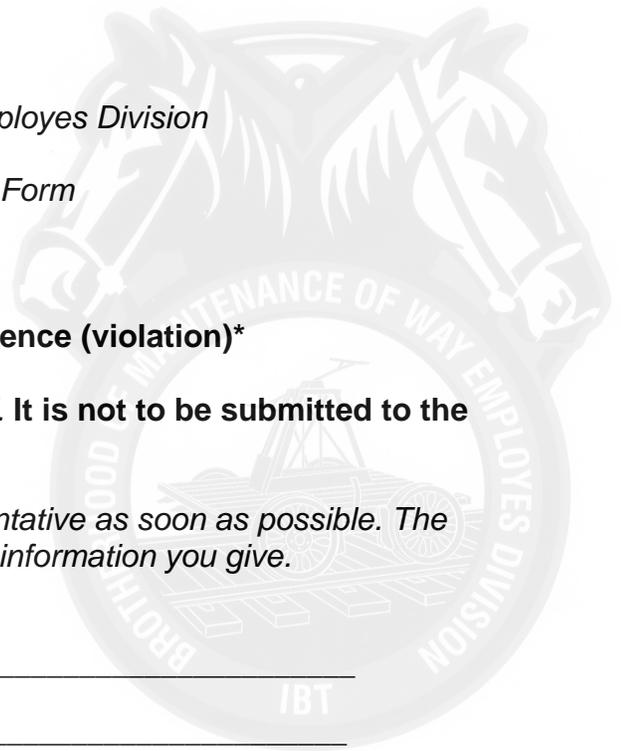


Brotherhood of Maintenance of Way Employees Division

Initial Questionnaire / Information Form
For
Claims or Grievances



Time Limits starts on the date of the occurrence (violation)

Note: This form is for **INTERNAL UNION USE ONLY**. It is not to be submitted to the Carrier

This form should be submitted to your Union Representative as soon as possible. The success of your claim or grievance depends upon the information you give.

WHO:

Claimant Name: _____

SS# _____ Employee #: _____

Phone #'s() _____ () _____

Address: _____

Position: _____ Gang: _____ Headquarters: _____

Seniority Date: _____ Assigned Hours (Reg.) _____
(Position) (Date)

_____ Work Week: _____
(Position) (Date)

_____ Date Furloughed: (If Appl.) _____
(Position) (Date)

What

What did the Company do that is a violation of the rules and / or agreement?

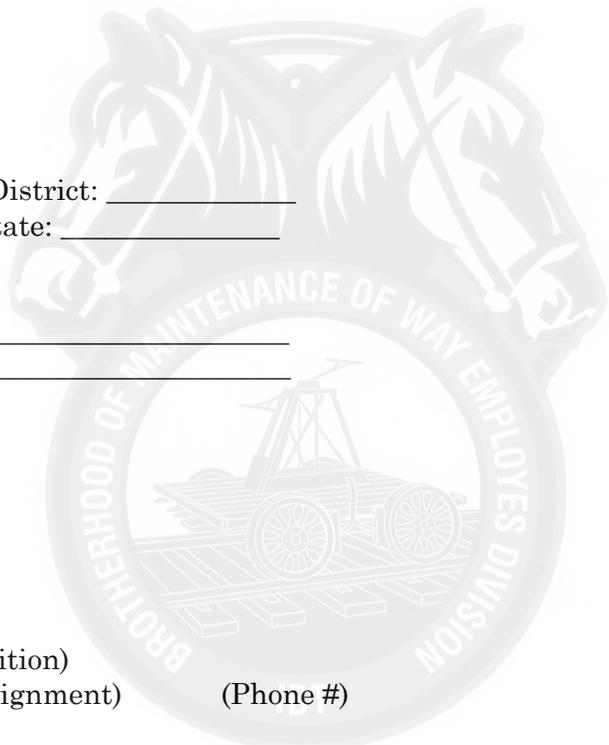
When

Date (s) of Violation: _____

Time: (From) _____ (to) _____ Total Hrs. Involved _____

Is this a continuing claim? (Yes) _____ (No) _____ Please check one.

Note: This is a two-page form.. Continue on the next page.



Where did the violation occur?

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

Why is this a claim or grievance? _____

List Agreement Rules (s) violated: _____

What are you claiming?

Additional Claimants

(Name)	(SS & Emp. #	(Sen. Date)	(position) (Assignment)	(Phone #)
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

Witnesses

(Name)	(SS & Emp #.)	(Sen. Date)	(Position) (Assignment)	(Phone)
_____	_____	_____	_____	() _____
_____	_____	_____	_____	() _____

Signed: _____ Date: _____
(Claimants Signature)

Filed By: _____
(Representative's Name)

Note: The information contained 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 representative as soon as possible. If additional space is needed or if additional documentation and/ or information is available, Please make attachments to this Form.
Total # of Pages Attached; _____

Send This Form with a copy of the Claim Form to Your Union Representative.

Stuart A. Hurlburt Jr., General Chairman, 135 Mick Lane Oneonta, NY 13820-4316