

CTAMS Adjustment Request
Engineering Department
Signals Department

Date Submitted: _____

Employee Information: (As of Date Shorted/Overpaid)

LIRR Employee Number: _____ Gang: _____

Employee Name: _____

Date(s) Shorted/Overpaid: _____

Reason for Adjustment:

- Wage Progression *(No Back-up required)*
- Approval Error *(No Back-up required)*
- Labor Sheet Not Submitted *(must be signed and dated by a Supervisor)*
- Labor Sheet Incorrect *(revised sheet must be signed and dated by Supervisor)*
- Shorted High Rate *(Back-up required only if left off original sheet. Must be signed by Supervisor)*
- Shorted 7th Day *(No Back-up required)*
- Other: _____

Submit this request form with back-up documentation as required to:
Manager - Planning & Administration AND SignalAdmin@lirr.org

Foreman Name: _____

Foreman Signature: _____

Office Use Only

Date Received: _____ Adjustment Necessary Yes No

Received by: _____ Date Prepared: _____

Amount Adjusted: _____ Date Submitted: _____