



Brotherhood of Railroad Signalmen — Claim Form

Date: _____

1. Name of Claimant(s) and Classification(s) at time of incident: _____

2. Headquarters: _____
3. Territory Limits: _____

4. (a) Regular assigned working hours: _____
(b) Regular assigned workdays: _____
(c) Regular assigned rest days: _____

5. How was the Agreement violated? (Explain)

6. What Rule or Rules were violated and how?

7. (a) Time of violation: _____
(b) Month/Day/Year of violation: _____

8. Location of violation (MP, Town, etc.):

9. Describe the remedy?

10. Describe the facts:

11. Carrier's position if known:

12. Describe attached supporting evidence which establishes that a violation occurred (documents, photos, statements, payroll records etc.):

Signature: _____