

United Passenger Rail Federation

Initial Questionnaire/Information Form For Claims or Grievances

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 your Union representative as soon as possible. The success of your claim or grievance depends upon the information you give.

1. WHO

Claimant Name: _____

Employee No(s): _____

Phone No(s): _____

Address: _____

Position: _____ Gang No.: _____ Headquarters: _____

Seniority Dates: _____ Assigned Hrs. (Reg.): _____

(Position) (Date)

Work Week: _____ Assigned Hrs. (Reg.) _____

Date Furloughed (If appl.): _____

(Position)

(Date)

2. WHAT

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

NOTE: This is a three-page form. Continue on next page.

ADDITIONAL CLAIMANTS

	(Name)	(SS or Emp.No.)	(Sen. Date)	(Position/ Assignment)	(Phone No.)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

WITNESSES

	(Name)	(SS or Emp.No.)	(Sen. Date)	(Position/ Assignment)	(Phone No.)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Signed: _____ Date: _____
(Claimant's 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 our agreement for filing a claim or grievance, you should submit it to your Union representative as soon as possible. If additional space is necessary or if additional documentation and/or information is available, please attach to this form.

TOTAL NO. OF PAGES ATTACHED _____.