



## Good Faith Challenge Documentation

Name of Employee Issuing Challenge:		Employee SAP No.	Craft:
Date of Challenge	Time of Challenge <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Supervisor Issuing Directive	Name of Supervisor Who Reviewed the Challenge
Location at Time of Challenge		Train Number If Applicable	Employee Job Symbol

Operating Rule or Special Instructions the directive allegedly violated:

Use the space below to give clear, concise explanation as to why you believe the directive caused a violation.

Challenging Employee Telephone Number	Challenging Employee Work Location	Signature of Challenging Employee
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### For Official Use Only

Date Received	Control Number (mm — dd-yy -	Date of Final Decision
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Senior Director — Systems Operating Practices

Signature
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This form must be completed by Supervisor and faxed to System Operating Practices at ATS 739-2419 or 302-429-2419 and confirm at ATS 739-2403 or 302-429-2403.

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NRPC 3297

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