MISSED PTO DUE TO LEAVE OF ABSENCE

BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYES
UNITED PASSENGER RAIL FEDERATION
INITIAL QUESTIONNAIRE / INFORMATION FORM
FOR CLAIMS – MISSED PTO DUE TO LEAVE OF ABSENCE

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 THE UNITED PASSENGER RAIL OFFICE AT (**office@uprfbmwed.org**) **AS SOON AS POSSIBLE**. THE SUCCESS OF YOUR CLAIM OR GRIEVANCE DEPENDS UPON THE INFORMATION YOU GIVE.

1. WHO

Your Name: _____ Your SAP #:_____

Personal Email: _____

Phone No: _____

Address: _____

Current Position: _____ Gang No: _____ Headquarters: _____

Seniority Date: _____

Hire Date:_____

Tour of Duty (Work Days): _____ Hours: _____

2. WHAT

What dates were you out on Leave?

Start:_____

End:_____

What are the hours of PTO you are entitled to (If any)?

_____

What dates/months did you not receive PTO?

_____

3. WHEN

Date(s) of violation (missed PTO dates): _____

Time (From): _____ To: _____ Total Hrs Involved: _____

Signed: _____ Date: _____

NOTE: THE INFORMATION CONTAINED IN THIS FORM WILL BE USED TO DEVELOPE 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 NECESSARY OR IF ADDITONAL DOCUMENTATIONS AND/OR INFORMATION IS AVAILABLE, PLEASE MAKE ATTACHMENTS.

TOTAL NUMBER OF PAGES ATTACHED=_____.

EMAIL THIS FORM TO THE UNITED PASSENGER RAIL OFFICE AS SOON AS POSSIBLE TO: office@uprfbmwed.org