STATEMENT OF FACTS

united transportation union

This form, fully completed, should accompany any claim or grievance at the time it is submitted to your Local Committee of Adjustment for consideration.

Claim No. _____ Date of Claim _____

Occupation _____ Name _____ Employee ID _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Train/Job No. _____ Engine No. _____

Initial Terminal Info: _____ Final Terminal Info: _____

On-Duty Time _____ On-Duty Location _____

Arrival Time _____ Arrival Location _____

Departure Time _____ Off-Duty Time _____

Description of Claim/Grievance (include all pertinent info., ie., date and time of incident, involved Carrier Officers, etc.)

Involved Agreement rules: _____

Signature: _____ Date: _____ Local No. _____