

***SMART-TD LOCAL 60***  
***Penalty claim Information***



*All claims for compensation must be filed within thirty (30) days of the incident with Time and date stamp via ticket receivers, you must get it to an officer ASAP to allow them time to complete claim. When the claim is denied, a copy of denial must be submitted to the General Chairmen, The GC or local officer has 60 days to appeal the claim(s) with Labor Relations from the day of declination.*

a. Name/ID Number/position\_\_\_\_\_

b. Date and Time of Occurrence\_\_\_\_\_

c. Train /assignment/ number \_\_\_\_\_

d. On and Off Duty time, if applicable\_\_\_\_\_

e. Extra/supplemental/regular? \_\_\_\_\_

f. Division/Location of Occurrence\_\_\_\_\_

g. If Claim Involves Instruction, Name and Title of Person Giving Instructions and description of the instructions. I.e. Crew caller or trainmaster \_\_\_\_\_

\_\_\_\_\_

h. Who ordered this work? \_\_\_\_\_

i. Claim being made and supporting reasons please include Article(s) or Rule(s) Involved, if known

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(Continue On Back)

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Please list trains and times if applicable

DETAILS OF SERVICE										
TRAIN NO.	ENGINE			DEPARTURE			ARRIVAL			KIND OF SERVICE (SEE INSTRUCTION 8)
	*E-ELECTRIC			STATION PLACE FROM	TIME WENT ON DUTY	TIME TRAIN DEPARTED	STATION OR PLACE TO	TIME TRAIN ARRIVED	TIME WENT OFF DUTY	
	ED*	NUMBER	UNIT							
					M	M		M	M	
					M	M		M	M	
					M	M		M	M	
					M	M		M	M	
					M	M		M	M	
					M	M		M	M	
					M	M		M	M	
					M	M		M	M	

List any other affected local 60 employees \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

<b>FOR USE BY LOCAL OFFICER</b>
Date Received: _____
Number Assigned: _____

