

TS-4
 CONDUCTORS & TRAINMEN
 TIME RETURN & DELAY REPORT
 OTHER THAN PASSENGER SERVICE



PENALTY

REPORT NUMBER

1
 2

DOCUMENT SERIAL NO.

3F 430064 NW 6/94
 formerly
 Y2185

PLACE FIRST WENT ON DUTY	WITH ENGINEER	
PLACE FINALLY WENT OFF DUTY	DIVISION	C.O.#

DAY OF WEEK _____

PROJECT NO.	COST CENTER NO.	CLASS OF RATE	TYPE OF SERVICE	ASSIGNMENT NO.	DATE ON DUTY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MO. DAY YR.

LENGTH OF TIME OFF DUTY PREVIOUS TO THIS TRIP	POSITION	EMPLOYEE NO.	INITIALS	LAST NAME	CONDUCTOR	HOW PAID	HRS. OF SERV. LAW DEADHEAD TO ASSIGN		TIME FIRST WENT ON DUTY		TIME FINALLY WENT OFF DUTY		TOTAL ELAPSED TIME ON DUTY		TOTAL TIME ON DUTY UNDER HRS. OF SERVICE LAW	
							HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
<input type="text"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEADHEAD INFORMATION

BY TRAIN # HR. MIN.

FROM TO

BY VEHICLE HR. MIN.

FROM TO

CLAIM DETAIL (See instruction No. 9)

Pay eight-hour penalty as per rule 42 letter "A" and "D" submitted a claim for mileage payment on _____ sheet number _____ and was neither denied nor paid in sixty days as per agreement. Claim was presented within thirty days as per TRO-12 1.1.43A & 1.1.43B for dates 4 _____

REGULATION(S)

PREVIOUS TRIP:

POSITION 1	ASSIGNMENT NO.	MO.	DAY	HR.	MIN.	M
POSITION 2	ASSIGNMENT NO.	MO.	DAY	HR.	MIN.	M

RATING PORTION OF TIME SLIP For Office Use Only

S.O.P.	OCCUPATION	O.C.	O.D.	O.B.	O.M.	RATE	STRHS		DT HRS		CONSTRUCTIVE CODE	CONSHRS		COST CENTER	PROJECT NO.
							HRS	MIN	HRS	MIN		HRS	MIN		

ALLOW CODE	DIS-ALLOW CODE	CONSTRUCTIVE ALLOW-APPLIES	CLAIM CODE	CONSTRUCTIVE ALLOWANCE HRS/AMT/MI
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REPORTING TIME CORRECT	RELEASE TIME CORRECT	I CERTIFY THIS REPORT IS CORRECT	ABOVE TIME IS APPROVED	AUTHORIZATION CODE
SIGNATURE & TITLE	SIGNATURE & TITLE	SIGNATURE CONDUCTOR	SIGNATURE & TITLE	