

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



PENALTY

REPORT NUMBER

1
 2

DOCUMENT SERIAL NO.

3F 43004 NW 694
 Idmarly
 Y2185

PLACE FIRST WHEEL ON DUTY	WITH ENGINEER	
PLACE FRONT WHEEL OFF DUTY	ENGINEER	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.

PLEASE PRINT

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	080860	SF	SPRATT		<input type="checkbox"/>	<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="checkbox"/>	<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 #	<input type="text"/>	HR.	MIN.	FROM	<input type="text"/>	TO	<input type="text"/>
BY VEHICLE	<input type="checkbox"/>	HR.	MIN.	FROM	<input type="text"/>	TO	<input type="text"/>

CLAIM DETAIL (See instruction No. 9)

1 **Pay eight-hour penalty as per rule 42 letter "A" and "D"**

2 **submitted a claim for mileage payment on 10/24/19 sheet**

3 **number 167501 and was neither denied nor paid in sixty**

4 **days as per agreement. Claim was presented within thirty days**

5 **as per TRO-12 1.1.43A & 1.1.43B for dates**

6 **09/23/19, 09/24/19, 09/25/19, 09/30/19**

REGULATION(S)

PREVIOUS TRIP:

POSITION	ASSIGNMENT NO.	MO.	DAY	HR.	MIN.	OFF DUTY TIME
1	<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"/>

RATING PORTION OF TIME SLIP For Office Use Only

JOB NO.	OCCUPATION	CLASS	DATE	RATE	STRAIGHT		OTHER		CONSTRUCTIVE CODE	CONS		COST CENTER	PROJECT NO.
					HR.	MIN.	HR.	MIN.		HR.	MIN.		

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

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