

NJ TRANSIT Rail Operations

SUPPLEMENTAL DIVISION NOTICE 2-1201

Effective: 4:00 P.M., WEDNESDAY DECEMBER 1, 2021

This Division Notice contains information not published in previous Division Notices. Where the information contained in this Division Notice conflicts with previous information, employees will be governed by the most recent information. Division Notices **2-S1001, 1-827, 1-419A, 2-1002, 2-1123A, and 2-1201** are in effect.

INSTRUCTIONS FOR CORRECTLY COMPLETING T&E e-Claims TS-3A

(1) **Electronic TimecardsTS-3(e-Claims) T&E TIME RETURN & DELAY REPORT PASSENGER TRAIN SERVICE FORM**
(Effective 12/6/2021)

The Electronic Rail e-Claims Service system will be in service on December 6th ,2021. All T&E employees must use the Rail e-Claims system effective December 13th, 2021 in order to submit claims for pay purposes. The e-Claims will be replacing the paper TS-3A that have previously been utilized and will continue to be used until December 12th,2021. All T&E employees will be responsible for using the link to submit any timecards after December 12th,2021. The following link is used to access the e-Claim form:

<https://railclaims.njtransit.com/>

The link will be available at sign up locations and on all MVDs. It will also be available for use on personal computers and mobile devices. We recommend users to use Google Chrome or Edge and update all devices to the latest software version. The link works on iPhones with iOS 14.8 or above and Android devices with OS 10 or above.

Once the form is completed it will be submitted to the NJ Transit payroll Verifications Department for processing.

Open e-Claims Form:

From Web Browser
From MVD
From Terminal



Accessing Rail e-Claims:

A username and password is NOT required for submitting e-Claims



Time Return and Delay Report

Claim Type:* General Claim Penalty Claim

Enter email to receive copy of claim:*

Place First Went On Duty:* Date on Duty (MMDDYYYY):* Day of Week:*

Place Finally Went Off Duty:* Division:* C.O. #:

Project Number: Claim Rate:* Type of Service:*

Assignment Number:*

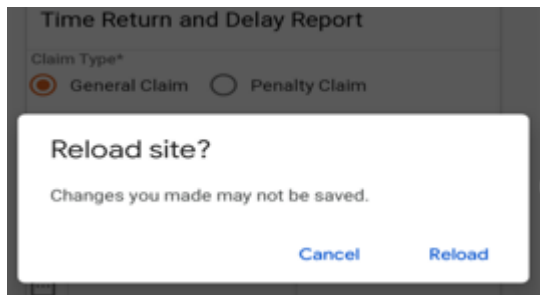
Employee Number:* Employee First Name:* Employee Last Name:*

Hours of Service Law Deadhead to Assign (HHMM): Total Time on Duty Under Hours of Service Law (HHMM): How Paid:

Time First Went On Duty (HHMM): Time Finally Went Off Duty (HHMM): Total Elapsed Time On Duty (HHMM):


ALL Required Fields are noted with *

Note that required fields are different for General Claims and Penalty Claims



Note: If you are submitting claims on a mobile device and receive this message upon swiping the screen in any direction, click on Cancel to save the information on the form. Clicking on Reload will result in losing all claim information and having to resubmit the same information all over again.

Completing the Form:



Time Return and Delay Report

Claim Type:*	Enter email to receive copy of claim:*	
<input type="radio"/> General Claim <input type="radio"/> Penalty Claim		
Place First Went On Duty:*	Date on Duty (MMDDYYYY):*	Day of Week:*
Place Finally Went Off Duty:*	Division:*	C.O. #:
Project Number:	Claim Rate:*	Type of Service:*
Assignment Number:*		
Employee Number:*	Employee First Name:*	Employee Last Name:*
Hours of Service Law Deadhead to Assign (HHMM):	Total Time on Duty Under Hours of Service Law (HHMM):	How Paid:
Time First Went On Duty (HHMM):	Time Finally Went Off Duty (HHMM):	Total Elapsed Time On Duty (HHMM):

E-MAIL (Required) – since a username & password is not required, you will need to enter **YOUR** email address to receive a copy and track the progress of your claim.

Claim Type (Required) – What type of Claim are you submitting?

- General Claim
- Penalty Claim

Select which type of Claim you are submitting

General Claim



Time Return and Delay Report

Claim Type:* General Claim Penalty Claim Enter email to receive copy of claim:*

Place First Went On Duty:*	Date on Duty (MMDDYYYY):*	Day of Week:*
Place Finally Went Off Duty:*	Division:*	C.O. #:
Project Number:	Claim Rate:*	Type of Service:*
Assignment Number:*		
Employee Number:*	Employee First Name:*	Employee Last Name:*
Hours of Service Law Deadhead to Assign (HHMM):	Total Time on Duty Under Hours of Service Law (HHMM):	How Paid:
Time First Went On Duty (HHMM):	Time Finally Went Off Duty (HHMM):	Total Elapsed Time On Duty (HHMM):

Penalty Claim



Time Return and Delay Report Enter email to receive copy of claim:*

Claim Type:* General Claim Penalty Claim

Place First Went On Duty:	Date on Duty (MMDDYYYY):*	Day of Week:*
Place Finally Went Off Duty:	Division:*	C.O. #:
Project Number:	Claim Rate:*	Type of Service:
Assignment Number:		
Employee Number:*	Employee First Name:*	Employee Last Name:*
Hours of Service Law Deadhead to Assign (HHMM):	Total Time on Duty Under Hours of Service Law (HHMM):	How Paid:
Time First Went On Duty (HHMM):	Time Finally Went Off Duty (HHMM):	Total Elapsed Time On Duty (HHMM):

Place First Went on Duty

Click the drop down to select your on duty location

Place First Went On Duty*

Select your on duty location

Place First Went On Duty*

Place Finally Went Off Duty*
Atl City
Bay Head
County
Dover
Dover yard

When the location is not listed select other and specify the location below

Place First Went On Duty:*
Other

Specify Place First Went On Duty:*

Place Finally Went Off Duty:*
Other

Specify Place Finally Went Off Duty:*

Date on Duty

Type in the date of the claim MM/DD/YYYY

Date on Duty (MMDDYYYY):*

Day of the Week

Once the date is entered, the day of the week will automatically appear no drop down is needed.

Day of Week*
Monday _____

Place Finally Went Off Duty

Click the drop down to select your off duty location

Place Finally Went Off Duty*

• Select your off duty location

Place First Went On Duty*

Place Finally Went Off Duty*
Atl City
Bay Head
County
Dover
Dover yard

Division

Click the drop down to select the Division

Division*



Select your Division

Newark
Hoboken

Claim Rate* Type of Service*

Project or Work Order Number

- Claim Rate
- Type of Service

Project Number

Project Number:

Claim Rate

Click the drop down to select the Claim Rate

Conductor
Assistant Conductor
Ticket Collector
Engineer
Assistant Engineer

Type of Service

Click the drop down to select the Type of Service performed

Passenger
Flag
Yard
Extra

Continue entering the basic Claim information:

Complete necessary information on the fields. Note that some are required to be able to Submit the claim.

- Assignment Number (use 0000 when assignment number isn't given)
- Employee Number
- Employee First Name
- Employee Last Name
- Hours of Service Law Deadhead to Assign (HH:MM)
- Total Time on Duty Under Hours of Service (HH:MM)
- How paid
- Time First went on Duty (HH:MM)
- Time Finally went off Duty (HH:MM)
- Total Elapsed Time on Duty (HH:MM)

Deadhead Information

▼ Deadhead Information
Are you claiming deadhead?*
<input type="radio"/> Yes <input type="radio"/> No

Are you claiming deadhead Yes or No?

IF **NO** – then select “No” and continue to next section – **Claim Details**

▼ Deadhead Information
Are you claiming deadhead?*
<input type="radio"/> Yes <input type="radio"/> No
Deadhead Type*
<input type="radio"/> Train <input type="radio"/> Vehicle
Deadhead Start Time (HH:MM)*
Start Point*
End Point*

IF **YES** – see next steps

Select type of deadhead to your location

IF Train is selected

▼ Deadhead Information

Are you claiming deadhead?*
 Yes No

Deadhead Type*
 Train Vehicle

Train Number*

Deadhead Start Time (HH:MM)*

Start Point*

End Point*

Enter

- Train Number
- Deadhead Start Time (HH:MM)
- Start Point
- End Point

IF Vehicle is selected

▼ Deadhead Information

Are you claiming deadhead?*
 Yes No

Deadhead Type*
 Train Vehicle

Deadhead Start Time (HH:MM)*

Start Point*

End Point*

Enter

- Deadhead Start Time (HH:MM)
- Start Point
- End Point

Claim Details:

Claim Details

Claim Code 1:* Unit of Compensation 1:* Constructive Allowance 1 (HMM/Amount):*

▼ Hours ▼ 00:00

Claim Detail 1:*

Approver 1:

ADD CLAIM CODE

Claim Code 1* Approver1

Click the drop down to select the Claim Code you will be submitting

- 002-Making Out Reports
- 003-DEADHEAD FRA (BOTH WAYS)
- 004-Called and Not Used
- 006-LETP TRAINING PROGRAM
- 008-Train and Engine Deadhead

Claim Details

Claim Code 1:* Unit of Compensation 1:* Constructive Allowance 1 (HMM/Amount):*

▼ Hours ▼ 00:00

Claim Detail 1:*

Approver 1:

Claim Details: Type details about the claim you are submitting, this is required in a Penalty Claim.

Unit of Compensation: Select Amount or Hours

CLEAR SELECTION

Amount

Hours

If the Claim Code requires an Approver, i.e. Supervisor Signature, the system will require that you select the Approver from the list.

Approver1

Field Supervisor from either division (List)

Click the drop down to select the Approver of your claim based on the claim code and the Division you have selected.

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If claiming more than one claim code, click on, "ADD CLAIM CODE" and enter the information. Repeat as needed – up to 4 claim codes per claim submission.

ADD CLAIM CODE

Delay:

Was there a delay?

IF **NO** – then select "No" and continue to next section – Details of Service

IF **YES** – enter the information below:

- Place
- Time Delay Began (HH:MM)
- Time Delay Ended (HH:MM)
- Cause of Delay

Delay

Was there a delay?*

Yes No

Place 1:	Time Delay Began 1 (HH:MM)	Time Delay Ended 1 (HH:MM)	Cause of Delay 1:
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If there is more than one delay, click on "ADD DELAY" and enter the additional delay information. Repeat as needed.

ADD DELAY

Details of Service:

Enter Details of Service as needed:

Details of Service			
Train No 1	Engine 1	Number 1	Unit 1
Time Went On 1 (HH:MM)	Station Place From 1	Time Arrived 1 (HH:MM)	
Time Off Duty 1 (HH:MM)	Station Place To 1	Time Departed 1 (HH:MM)	


Complete the following fields if applicable:

- Train No.
- Engine 1
- Unit 1
- Time Went on (HH:MM)
- Station Place From
- Time Arrived
- Time off duty (HH:MM)
- Station Place to
- Time Departed (HH:MM)

If more than one “Details of Service” entry is needed, click on “ADD DETAILS OF SERVICE” and enter the information. Repeat as needed.

ADD DETAILS OF SERVICE

Kind of Service:

Kind of Service:
Do you own the extra list and are claiming earnings of an assignment? <input type="checkbox"/> Yes
Supporting Documentation:


Do you own the extra list and are claiming earnings of an assignment? Select “Yes” if applicable.

Supporting Documentation can be saved and uploaded as an attachment. Click on the paper clip icon and select the documentation.



Signature:



Electronic signature IS required. Sign inside the box:

If using mouse: **Press** and continue to **hold down** the **left mouse button** and then sign your name. Release the mouse button once completed.

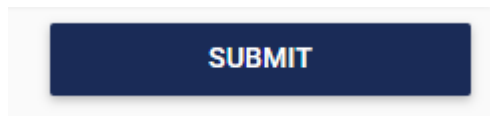
If using a touch-screen device (tablet or smart phone): Use your finger or stylus to sign your name.

****Press SIGN****

The signature will NOT be accepted and the form will not submit if you do not press "SIGN"


Submit:

Once all the information is complete on the form click Submit.



The form will NOT submit if there are errors on any of the fields or if any of the required fields are missing – these will be highlighted in red.

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				REQUEST ID: 2529		
TIME RETURN AND DELAY REPORT						
DIVISION HB		CLAIM TYPE General Claim		C.O. #	DATE ON DUTY 10/11/2021	DAY OF WEEK Monday
PLACE FIRST WENT ON DUTY Bay Head			PLACE FINALLY WENT OFF DUTY Bay Hez		PROJECT NO.	ASSIGNMENT NO. 12345
CLAIM RATE / CLASS AC	TYPE OF SERVICE F		EMPLOYEE NO. 123333	FIRST NAME Ekta		LAST NAME Patel
TIME OFF PRIOR TO THIS TRIP	POSITION 1	HOS LAW DEADHEAD TIME	TIME FIRST WENT ON DUTY	TIME FINALLY WENT OFF DUTY	TOTAL ELAPSED TIME ON DUTY	TOTAL TIME ON DUTY UNDER HOS LAW
DEADHEAD INFORMATION						
CLAIMING DEADHEAD? No	DEADHEAD TYPE		TRAIN #	HH:MM	FROM	TO
CLAIM DETAILS						
	CLAIM CODE	CONSTRUCTIVE ALLOWANCE	CLAIM DETAILS - COMMENTS			ACCEPTED / REJECTED, BY
1	000	00:00 Hours	detail 1			
2	002	0.00 Amount	detail 2			
3	004	0.00 Amount	detail 3			
4	003	00:00 Hours	dtail 4			
EMPLOYEE'S SIGNATURE ON FILE.						
RATING PORTION OF THE SLIP						
RATE	STR HRS	OT HRS	CONSTRUCT CODE	CONS HOURS	PROJECT / ASSIGNMENT NO.	

A PDF copy of your claim will be sent to your email with your requester ID save this for your records.

Section

Your claim has been submitted. Please keep this ID for future reference.

Request ID:
1828

Click here to start a new claim.

OK

Click on here to start a new claim.

e-Claims Q & A Schedule:

DECEMBER 2021

SUN	MON	TUES	WED	THURS	FRI	SAT
			1	2	3	4
5	6 ROLL OUT DAY 6am to 9pm <u>Hoboken</u> <u>New York</u> <u>MMC</u>	7 6am to 9pm <u>Dover</u> <u>Morrisville</u> <u>Bay Head</u>	8 6am to 9pm <u>Great Notch</u> <u>Long Branch</u> <u>Trenton</u>	9 6am to 9pm <u>Gladstone</u> <u>Raritan</u> <u>Princeton</u> <u>Jct</u>	10 6am to 9pm <u>Hoboken</u> <u>New York</u> <u>Atlantic City</u>	11
12	13 Compliance with eClaims date	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

This above schedule is where representatives will be available to answer questions and assist with the e-Claims system. **Please note this is not a training class.**

FAQ

Q. If the computer in a signup location is having an issue. Whom do I contact?

A. Contact supervision in that terminal. They will contact the HELP Desk. If there is no available supervisor let the supervisor in the next signup location know.

Q. If I have trouble with my mobile device?

A. Contact the HELP Desk.

S.P DOLAN
Acting Deputy General Manager
Transportation