

NJ TRANSIT The Way To Go.			
Employee Information			
<input type="checkbox"/> Are you re-submitting the claim?	Employee Number:* 080860	Last Name (First 2-4 Char)* SPRA	
Name:* Scott Spratt	Email:* SSpratt@njtransit.com	Claim Rate:* Conductor	
CC Email:			
Job Information			
Claim Type:* <input checked="" type="radio"/> General Claim <input type="radio"/> Penalty Claim <input type="radio"/> Cash In	Date on Duty (MMDDYYYY):* 08/01/2023	Day of Week:* Tuesday	<div style="border: 1px solid black; padding: 5px;"> Fill out assignment information </div>
Division:* Hoboken	Assignment Number:* PO03	Project Number:	
Place First Went On Duty:* Port Jervis	Place Finally Went Off Duty:* Port Jervis	Type of Service:* Passenger	
Time First Went On Duty (HHMM): 04:45	Time Finally Went Off Duty (HHMM): 18:48	Total Elapsed Time On Duty (HHMM): 14:03	
Claim Information			
Claim Code 1:* 012-Trainperson Orientation Program	Unit of Compensation 1:* Hours	Constructive Allowance 1 (HHMM/Amount):* 14:23	
Claim Detail 1:* Pay earnings of PO03CO working assignment as part of CTP	<div style="border: 1px solid black; padding: 5px;"> Use code 012 write "pay earnings of" </div>		
Approver 1: NA	56 / 500		
Claim Code 2:* 008-Train and Engine Deadhead	Unit of Compensation 2:* Hours	Constructive Allowance 2 (HHMM/Amount):* 02:00	
Claim Detail 2:* Pay first on deadhead	<div style="border: 1px solid black; padding: 5px;"> Include any arbitraries not included in regular pay </div>	<div style="border: 1px solid red; border-radius: 50%; padding: 5px;"> 057,011,025 will require a signature </div>	
Approver 2:	21 / 500		
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Employee Information			
Employee Number:*		Last Name (First 2-4 Char)*	
Attachments			
Upload Supporting Documents			
Delay Information			
Was there a delay?*			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Details of Service			
Train No 1:	Engine 1:	Time On Duty 1 (HHMM):	Time Off Duty 1 (HHMM):
Station/Place From 1:	Time Departed 1 (HHMM):	Station/Place To 1:	Time Arrived 1 (HHMM):
ADD DETAILS OF SERVICE			
Remarks			
Remarks: Assigned to a mentor for CTP OJT training, due earnings of assignment]			
Kind of Service:			
Do you own the extra list and are claiming earnings of an assignment? <input type="checkbox"/> Yes			
Signature			
Employee Signature:*			