

BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN



BLET R-100 FORM - NOTICE OF CLAIM/GRIEVANCE

A. GENERAL INFORMATION

1. This claim is to be used by the individual employee when filing a claim, including a rejected time slip, or grievance with the BLET local chairman or BLET local division, as the case may be. *It is not to be used in presenting or appealing a claim or grievance to management of the railroad.*
2. The BLET Bylaws provide that in an emergency, a claim or grievance involving a contract interpretation, dismissal, suspension or other emergency cases, may be filed directly with the local chairman. In all other cases, claims or grievances must be referred to the local division.
3. The BLET Bylaws also provide that a claim or grievance must be accompanied by a full statement of facts.
4. Claims or grievances must be filed with management of the railroad within certain time limits, generally within sixty (60) days of the date of *occurrence* which gave rise to the claim or grievance. Therefore, each aggrieved employee should make certain that his/her claim, including rejected time slips, or grievance is filed with the local chairman or local division in ample time for it to be prepared properly and presented and/or appealed to the proper carrier officer within the specific time limits.

B. STATEMENT OF CLAIM OR GRIEVANCE (Briefly describe the nature of your claim or grievance.)

C. FACTS ABOUT YOUR CLAIM OR GRIEVANCE (Complete all items applicable to this claim or grievance.)

1. Date of occurrence giving rise to claim or grievance _____ Date of claim _____
Month-Day-Year Month-Day-Year

2. Occupation on date of occurrence:

- | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| A. Engineer | <input type="checkbox"/> | E. Conductor/Foreman | <input type="checkbox"/> |
| B. Assistant Engineer | <input type="checkbox"/> | F. Brakeman/Switchman | <input type="checkbox"/> |
| C. Fireman | <input type="checkbox"/> | G. Other _____ | <input type="checkbox"/> |
| D. Hostler | <input type="checkbox"/> | | |

3. Class of Service:

- | | | | |
|-----------------|--------------------------|------------------------|--------------------------|
| Passenger | <input type="checkbox"/> | Assigned Local | <input type="checkbox"/> |
| Commuter | <input type="checkbox"/> | Road Switcher (Dodger) | <input type="checkbox"/> |
| Pool Freight | <input type="checkbox"/> | Yard | <input type="checkbox"/> |
| Interdivisional | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

4. Train No. or Job No. _____ 5. Location of claim _____ 6. No. of locomotives _____

7. Locomotive Nos. _____ 8. Time on Duty _____

9. Time off duty _____ 10. Total time on duty _____ 11. Amount claimed _____
Miles, Time or Money

