

# 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

**NOTICE OF CLAIM/GRIEVANCE**

Page 2

D. LIST BELOW ALL OTHER PERTINENT FACTS CONCERNING THIS CLAIM OR GRIEVANCE (Use a separate sheet if necessary):

---

---

---

---

---

---

---

---

E. What provisions of the contract or agreement do you believe have been violated or which support your claim?

---

---

---

---

F. Be sure to attach copies of any documents bearing on the claim or grievance, e.g., time slips, rejection or denial notices, notices of investigations or hearings, instructions, etc.

\_\_\_\_\_ Date \_\_\_\_\_ Printed Name of Claimant \_\_\_\_\_ Signature of Claimant

**FOR USE BY LOCAL CHAIRMAN OR LOCAL DIVISION ONLY**

**Local Chairman**

**Local Division**

Date received from claimant \_\_\_\_\_

Date received from claimant \_\_\_\_\_

Date received from local division \_\_\_\_\_

Date of Division action \_\_\_\_\_

BLET File No. \_\_\_\_\_

Date referred to local chairman \_\_\_\_\_