

# BLET LOCAL 292

## FORM R-100 NOTICE OF CLAIM OR 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 a BLET local 292 chairman or BLET local 292 division, as the case may be. IT IS NOT TO BE USED IN PRESENTING OR APPEALING A CLAIM OR GRIEVANCE TO MANAGEMENT OF THE W&LE.
2. The BLET Constitution and 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 Constitution and 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 the management of the W&LE 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 specified time limits.

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

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

1. Date of occurrence giving rise to claim or grievance \_\_\_\_\_
2. Date of claim \_\_\_\_\_
3. Occupation on date of occurrence (Circle One)  
a. Engineer      b. Assistant Engineer      c. Hostler      d. Conductor/ Foreman  
e. Brakeman/ Switchman      f. Other \_\_\_\_\_
4. Class of service (Circle One)  
a. Passenger      b. Freight /Road      c. Freight/Local      d. Yard switcher  
e. Other \_\_\_\_\_
5. Train No. or Job No. \_\_\_\_\_
6. Location of claim \_\_\_\_\_
7. No. of locomotives \_\_\_\_\_
8. Locomotive Nos. \_\_\_\_\_
9. On duty time \_\_\_\_\_
10. Off duty time \_\_\_\_\_
11. Total time on duty \_\_\_\_\_ Hrs.
12. Amount claimed \_\_\_\_\_ ( Miles, Time, or Money)

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

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

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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
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FOR USE BY LOCAL CHAIRMAN OR LOCAL DIVISION ONLY

Date received from claimant _____	Date received from local division _____
Date of division action _____	Date referred to local chairman _____
BLET 292 file no. _____	