

BMWED / NESF Northern District Claim Form - (Please Print Clearly)

(Date)

(Claimants Name – Please Print)

(Mailing Address)

(City- State- Zip)

Mr. George Fitter, Division Engineer
National Railroad Passenger Corporation
165 Royal Little Drive.
Providence, Rhode Island 02904

Dear Sir,

This Claim is hereby filed for all time made by: _____
(Give full Name of person(s) or Contractor)

Working at: _____
(Name railroad location, milepost, city, state, etc...)

On: _____
(Give all dates for which claim is filed, specify if shift starts on one day and continues overnight into next day)

The Carrier is in violation of Rule(s) No(s): _____, the Northern District Overtime Call Order,
any/all other applicable Rules of the current CBA, by assigning _____
(Name of person(s) or Contractor)
to perform the following work: (Give a complete description of work claimed)

Very Truly Yours,

(Signature of Claimant)

(Occupation, Gang Number and Headquarter Location)

Send Copies of Claim to:

Dale E. Bogart Jr., G.C., BMWED 3321 B Vestal Parkway East, Vestal, New York 13850 or
Renato Rufo, V.G.C. BMWED 161 Isabella Avenue, Providence, Rhode Island 02908