

Date _____

**NEW YORK, SUSQUEHANNA & WESTERN RAILWAY COMPANY
FIRST LEVEL CLAIM FORM**

This is a formal time claim per Rule 15 of the Agreement between the NYS&W and the BMWED.

Mail Formal Time Claim to Carrier Officer

Claimant's Name & Address

Mr. Todd Dragland
NYS&W RR
1 Railroad Avenue
Cooperstown, NY 13326.

1 _____
Occupation

2 _____
On & Off Duty Times

3 _____
Date and Time Work Was Performed

4 _____
Location and Details of Work Performed

5 _____
Rule Nos. Violated

6 _____

Claimant's Signature

Employee Number

Cc: To Dale E. Bogart Jr. General Chairman 3321 B Vestal Parkway East, Vestal, NY 13850
To Craig Anderson, Local Chairman (2957) – 146 Jessie Rogers Road, Mount Upton, NY 13809