

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. Richard J. Hensel
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 James Thomas Local Chairman (Lodge 2957) 996 Gay Brook RD. Oneonta, NY 13820