



Brotherhood of Locomotive Engineers and Trainmen
Norfolk Southern Railway, Seneca Division 659, Buffalo, New York

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CLAIMANT: _____ **EMPLOYEE NUMBER:** _____

CRAFT: _____ **TRAIN / JOB SYMBOL:** _____ **DATE OF SERVICE:** _____

STATEMENT OF CLAIM (Hours, Miles or Earnings being claimed): _____

IF CLAIMING A LUNCH PENALTY, WHAT TIME WAS LUNCH REQUESTED? _____

WHO ORDERED THE SERVICE TO BE PERFORMED (Trainmaster, Yardmaster, Dispatcher): _____

STATEMENT OF FACTS (Explain in as much detail as possible the events surrounding your claim including times, locations and who ordered the service performed. Use back of form or additional paper if necessary.):

POSITION OF EMPLOYEE (Reference any agreement or articles from contracts.):

IN ORDER TO HANDLE ANY CLAIM, INCLUDE DOCUMENTATION SUCH AS CLAIM REMARKS TO PAYROLL AND PAYROLL DENIAL REMARKS. SUBMIT CLAIM TO THE ABOVE ADDRESS, E-MAIL ADDRESS OR PLACE IN LOCKER #82 AT BISON YARD OFFICE.