BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN

BLET R-100 FORM - NOTICE OF CLAIM/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 the BLET local chairman or BLET local division, as the case may be. *It is not to be used in presenting or appealing a claim or grievance to management of the railroad.*

2. The BLET 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 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 management of the railroad 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 specific 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 this claim or grievance.)

1. Date of occurrence giving rise to claim or grievance _____ Date of claim _____
Month-Day-Year Month-Day-Year

2. Occupation on date of occurrence:

A. Engineer	☐	E. Conductor/Foreman	☐
B. Assistant Engineer	☐	F. Brakeman/Switchman	☐
C. Fireman	☐	G. Other _____	☐
D. Hostler	☐		

3. Class of Service:

Passenger	☐	Assigned Local	☐
Commuter	☐	Road Switcher (Dodger)	☐
Pool Freight	☐	Yard	☐
Interdivisional	☐	Other _____	☐

4. Train No. or Job No._____ 5. Location of claim_____ 6. No. of locomotives_____

7. Locomotive Nos._____ 8. Time on Duty_____

9. Time off duty_____ 10. Total time on duty_____ 11. 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 or agreement 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

FOR USE BY LOCAL CHAIRMAN OR LOCAL DIVISION ONLY

Local Chairman		**Local Division**	
Date received from claimant	_____	Date received from claimant	_____
Date received from local division	_____	Date of Division action	_____
BLET File No.	_____	Date referred to local chairman	_____