



CLAIM FORM - ALLIED FEDERATION 615-338-0027

Mail to: 111 Imperial Blvd, C-300, Hendersonville, TN 37075

OR FAX TO: 615-338-0209

Print this form at the WEBSITE: ALLIEDFED.ORG

Time Limits start on the date of occurrence (violation).

Submit this form **WITHIN 15 DAYS AFTER THE VIOLATION** to insure time limits are met.

WHO is claiming?

Claimant Name _____ ID No _____

Address _____ City _____ State _____ Zip _____

Phone(s) (____) _____ (____) _____ (____) _____ (____) _____

Railroad _____ Division Engineer _____

Headquarters _____ Gang No. _____ Position _____

Work Hours _____ A.M. to _____ P.M. Check one (____) 5-8 hr days (____) 4-10 hr days

Seniority dates: Position _____ Date _____ Position _____ Date _____

List any additional claimants:

Name	Employee No	Seniority Date	Position	Telephone

WHAT did the company do that violated the Agreement? BE SPECIFIC.

WHEN did the violation occur?

Date(s) of violation _____

Time: (From) _____ (To) _____ Total hours involved _____

Is this claim/violation continuing? (Yes) _____ (No) _____

WHERE did the violation occur?

Location (M.P.) _____ Railroad _____ Seniority District _____

Division _____ Town _____ State _____

IF THIS IS A CONTRACTING OUT VIOLATION:

Name of Contractor _____ Number of Contractor's employees _____

Time worked each day _____ Date(s) worked _____

Type of equipment used _____

Explain what the contractor was doing _____

Signature of Claimant _____