

B.R.S. – LOCAL 130 GRIEVANCE CLAIM

FORM

Name: _____ Employee I.D. _____ Gang No _____

Position title: _____ Rank: _____ Headquarters: _____

Assigned Hours _____ Assigned work days: _____

Territory Limits: _____

How Agreement was violated: _____

Location of violation (mile post, subdivision, city, etc): _____

Type of signal or crossing equipment: _____

Time and date of violation: _____

Amount of time to be claimed: _____

What rule(s) violated: _____

Who violated the Agreement: _____

Signed: _____

MAIL TO YOUR APPROPRIATE LOCAL CHAIRMAN

Howie Merkin - BRS Local Chairman P.O. Box 485 Spring Grove, Illinois 60081

Charlie Kocian - BRS Local Chairman 2978 Red Barn Court Aurora, Illinois 60504
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Paul Niziolek- BRS Local Chairman 1n401 Goodrich Ave. Glen Ellyn, Illinois 60137
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* * * **IMPORTANT** * * *

***INCLUDE WRITTEN STATEMENT OF OCCURANCE ALONG WITH ANY
DOCUMENTED PROOF TO SUPPORT YOUR CLAIM***