

**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMAN**

TO: Manager  
Labor Relations

FROM: Division # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_  
File # \_\_\_\_\_

Dear Sir:

Certified Mail # \_\_\_\_\_

I would like to appeal, as provided in Rule 46, the following claim.  
For the handling of this claim, I choose:

\_\_\_\_\_ to waive discussion and request a written response.  
\_\_\_\_\_ to schedule a time at which this claim can be discussed.

"Subject" and Employee Statement of Facts : As listed below.

Position of Employee: This claim is appealed as a violation of the Rules listed below on the form R-46.

Yours truly,

\_\_\_\_\_ BLET Local Chairman

**ENGINE SERVICE TIME CLAIM (R-46) - TO BE COMPLETED BY CLAIMANT AND FORWARDED TO LOCAL CHAIRMAN**

1- NAME \_\_\_\_\_ 2- ASSIGNMENT SYMBOL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ CAB CAR NUMBER: \_\_\_\_\_

EMPLOYEE NO: \_\_\_\_\_ ENGINE NUMBER: \_\_\_\_\_

DIVISION: \_\_\_\_\_ 3- DATE & TIME WORK PERFORMED:

4- DUTY TIME: ON \_\_\_\_\_ OFF \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

5- LOCATION & DETAILS OF WORK PERFORMED ON CLAIM: (attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6- WORK PERFORMED ON ORDERS OF: \_\_\_\_\_

7- DESCRIPTION OF INSTRUCTIONS ISSUED TO HAVE SUCH WORK PERFORMED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ CLAIM BEING MADE: \_\_\_\_\_

8- RULE(S) VIOLATED: \_\_\_\_\_ 9- DENIAL DOCUMENT # \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ NO DENIAL ISSUED \_\_\_\_\_ check, if applicable

10- VIOLATION CLAIMED ON DAILY TIME SLIP? \_\_\_\_\_ YES \_\_\_\_\_ NO

11- VIOLATION CLAIMED ON PENALTY TIME SLIP? \_\_\_\_\_ YES \_\_\_\_\_ NO