



UNITED TRANSPORTATION UNION

LOCAL 298 LCA CLAIM APPEAL FORM

All claims for compensation must be filed within Sixty (60) days of the incident via electronic process. If the claim is denied it must be submitted to the Local Chairmen, along with this form, with a copy of the time slip(s), earning statement(s) and claim(s) slip. The LC has 90 days to appeal the claim(s) with Labor Relations from the day of declination.

a. Name/ID Number/Craft_____

b. Date and Time of Occurrence_____

c. Train symbol/Pool/Turn Working_____

d. On and Off Duty time, if applicable_____

e. Supply Point_____

f. Division/Location of Occurrence (mile post)_____

g. If Claim Involves Instruction, Name and Title of Person Giving Instructions and description of the instructions._____

h. Article(s) or Rule(s) Involved, if known_____

i. Claim being made and supporting reasons_____

(Continue On Back)

j. Locomotives: _____

DATE

PRINTED NAME

SIGNATURE

FOR USE BY LOCAL COMMITTEE OF ADJUSTMENT
Date Received: _____
LCAT Number Assigned: _____