

# The American Railway and Airway Supervisors Association

A Division of TCU--AFL-CIO--CLC

Subordinate  
Officials &  
Professional  
employees



National  
Organization

(Be sure to file promptly as there is a time limit on claims.) With reference to time limits - please refer to your agreement or ask your District Chairman. Please print in black ink.

Claimant's Name: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Home Phone Number:         Cell Phone:     Work Phone \_\_\_\_\_

Email:       Years of Service with Company: \_\_\_\_\_ Roster date: \_\_\_\_\_

Title:          Hourly or Daily Rate of Pay (At time of Grievance) \_\_\_\_\_

Location (City)     Work Location: \_\_\_\_\_

Tour of Duty:      Rest Days: \_\_\_\_\_

Job Description (as shown on bulletin - include copy if possible)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor at time claim is filed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Immediate Supervisor at time of grievance:
Name <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Name _____
Title <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Title _____
Address <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Address _____

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

Rule(s) which were violated:  
\_\_\_\_\_  
\_\_\_\_\_

Particulars surrounding violation:  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE SUBMIT FULL AND COMPLETE DETAILS ABOUT GRIEVANCE - INCLUDING ALL NECESSARY DETAILS, DOCUMENTS, DATES, AND TIMES. USE OTHER SIDE IF MORE SPACE IS NEEDED.)  
\_\_\_\_\_  
\_\_\_\_\_

(CLAIMANTS SIGNATURE)    (PRINT NAME HERE)  (DATE)