

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:

Name _____

Title _____

Address _____

Immediate Supervisor at time of grievance:

Name _____

Title _____

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)