

# THIS IS AN ARTICLE 40 PRE-STRING VIOLATION FORM

Fill this form out completely, time stamp it & make a copy to keep. If your claim is not acknowledged within 7 days & paid within 14, file a grievance & attach a copy of this and mail it to the Union Hall.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SENIORITY # \_\_\_\_\_

Terminal where the violation occurred: \_\_\_\_\_

Terminal where the violation occurred: \_\_\_\_\_

Date & time you arrived at the terminal where the violation occurred: \_\_\_\_\_

Date & time you completed the work assignment: \_\_\_\_\_

Was the terminal open? \_\_\_\_\_ Was local cartage available to perform the work? \_\_\_\_\_

Were any supervisors on duty at the terminal? \_\_\_\_\_ If so, list the name: \_\_\_\_\_

If not, did you call 309? \_\_\_\_\_ and who did you speak to? \_\_\_\_\_

List the jiff numbers that were available: \_\_\_\_\_

Units you hooked: Tractor \_\_\_\_\_ Jiff \_\_\_\_\_ Lead \_\_\_\_\_ Rear \_\_\_\_\_

Was the rear trailer spotted at the dock? \_\_\_\_\_ & was a jiff spotted in front of the trailer? \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\_\_\_\_\_ Time Stamp