

Date \_\_\_\_\_

**NEW YORK, SUSQUEHANNA & WESTERN RAILWAY COMPANY**

**FIRST LEVEL CLAIM FORM**

This is a formal time claim per Rule 15 of the Agreement between the NYS&W and the BMWED.

Mail Formal Time Claim to Carrier Officer

Claimant's Name & Address

Mr. Richard J. Hensel  
NYS&W RR  
1 Railroad Avenue  
Cooperstown, NY 13326.

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

1 \_\_\_\_\_  
Occupation

2 \_\_\_\_\_  
On & Off Duty Times

3 \_\_\_\_\_  
Date and Time Work Was Performed

4 \_\_\_\_\_  
Location and Details of Work Performed

\_\_\_\_\_

5 \_\_\_\_\_  
Rule Nos. Violated

6 \_\_\_\_\_  
Explain the Nature of the Claim and the Reason that You are to be paid

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Employee Number

cc. To Stuart A. Hurlburt Jr. General Chairman 135 Mick Lane Oneonta, NY 13820  
To James Thomas Local Chairman 996 Gay Brook RD. Oneonta, NY 13820