

CLAIM INFORMATION COVER SHEET

Labor Relations File No.: _____

Claim Date: ___/___/___

Claimant: _____

CON/FOR EID: _____

Crew Member: _____

BRK/SW1 EID: _____

Claim Type: _____

Amount Claimed: \$ _____

Date Local Chairperson Appealed: ___/___/___

Declination Number: _____