

SMART TRANSPORTATION DIVISION
LOCAL COMMITTEE OF ADJUSTMENT No. _____

DATE: _____
FILE: _____

Ms. Laci Kresha, AMLR
Union Pacific Railroad Co.
1400 Douglas St. STOP 0710
Omaha, NE 68179-0710

Dear Ms. Kresha:

We are appealing the claim(s) of

Conductor: _____ : ID No. _____

Brakeman: _____ : ID No. _____

Claim is for time lost. See Claimant(s) time slip No. _____, dated _____, while working job No. _____, declined by timekeeping as indicated on Claimant's payroll printout. Declination file number is _____, dated _____.

STATEMENT OF FACTS:

Claimant(s) is being withheld from service pending the Carrier's medical review. Claimant has been released back to work by his personal physician.

POSITION OF COMMITTEE:

Claim is based on Physical Examination Agreement, June 18, 1970, File 200-217-9, page 122:

- A. The Company will pay for the examination.
- B. If the employee passes examination, he shall be returned work immediately, and paid for all time lost taking the examination.

You are respectfully requested to make an adjustment, allowing time as claimed or schedule same for conference advising.

Sincerely,

Local Chairman _____