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 of

Engineer: _____: ID No. _____:

Claim for lost time in excess of 5 days after passing physical examination. 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:

The Claimant was required by the Carrier to take a physical examination for injury, sickness, furlough or leave of absence, etc.

POSITION OF COMMITTEE:

The BLE Agreement on Page 96 states:

- (A) The company will pay for the examination, and the Engineer will be furnished a copy of the findings or diagnosis.
- (B) The Engineer will be notified as promptly as possible, and in any event within 5 days after taking the examination as to whether or not he passed. Any time lost in excess of the 5 days will be paid for by the Carrier provided the Engineer passes the examination.

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

Sincerely,

Local Chairman, Local _____