

NOTIFIED Dispatcher or Yard Master of duty limitations at _____ &

STOPPED train at Date _____ Time _____

Nearest Station _____

RELIEF crew or deadhead transportation arrived at Date _____

Time _____

(Same as "Released from Duty" time if no further service is performed.)

TIME deadhead transportation began _____

Location _____

TIME deadhead transportation ended _____

FINAL RELEASE Date _____ Time _____

Final release location _____

("Off-Duty" time or "Tie-Up" time.)

TOTAL TIME ON-DUTY per Hours of Service Act

(Total from "On-Duty" time to "Released from Duty" time if transportation ends all service.)

(Total from "On-Duty" time to "Off Duty" or "Tie-Up" time if in continuous service until final release.)

REMARKS:

_____ (over)

Please Attach time slip and any other supporting documentation such as delays, and submit to your local Union Representative at the next Union Meeting.

**Division 599 Members can submit this form via e-mail to the State
Legislative Representative or the Local Chairman**

REPORT OF HOURS OF SERVICE VIOLATION

The Law protects those who report Safety Violations

EMPLOYEE INFORMATION:

Name _____

Optional Ph.# () _____

Address _____ City _____

State _____ Zip _____

Occupation: . Engineer . Conductor . Brakeman . Other (Specify) _____

ADDITIONAL CREW MEMBERS:

Name _____

Optional Ph.# () _____

Occupation: . Engineer . Conductor . Brakeman . Other (Specify) _____

Name _____

Optional Ph.# () _____

Occupation: . Engineer . Conductor . Brakeman . Other (Specify) _____

Train Identification Symbol _____

or Job Number _____

MODE OF DEADHEAD TRANSPORTATION: .

Contract Van Train Transport Relieving Crew

. Other _____

CREWS SERVICE INFORMATION:

ON DUTY Date _____ Time _____

Station _____ State _____