

TRAIN LINEUP FORM
UNITED TRANSPORTATION UNION

NAME: _____ OCCUPATION: _____

TRAIN CALLED FOR: _____ (AM/PM) WHEN WERE YOU LAST OFF DUTY?: _____ (AM/PM)

DID YOU CHECK THE LINEUP WHEN YOU WENT OFF DUTY?: YES NO

ANTICIPATED CALL (TRAIN #/TIME): _____ (AM/PM)

WHAT TIME WERE YOU CALLED FOR THIS TRAIN: _____ (AM/PM)

ANY OTHER CALLS TO AVR?: YES NO (IF YES, LIST TIMES)

ANY DIFFERENCES FROM ORIGINAL CALL IN?: YES NO (IF YES, BACK OF FORM MAY BE USED TO EXPLAIN)

CREW TRANSPORTATION -- FOR CREW GOING OFF-DUTY

NAME: _____ OCCUPATION: _____

ANY DELAYS AND/OR PROBLEMS WITH CREW VAN ON THIS TRIP?: YES NO (IF YES, BACK OF FORM MAY BE USED TO EXPLAIN)

WHEN DID YOU NOTIFY THE DISPATCHER?: _____ (AM/PM) OFF DUTY TIME: _____ (AM/PM)

TIME PICKED UP: _____ (AM/PM) TERMINAL ARRIVAL TIME: _____ (AM/PM)

TOTAL TIME SINCE CALLED FOR DUTY (INCLUDING TRANSPORTATION): _____

YOUR SIGNATURE: _____ YOUR PHONE #: _____

YOUR ADDRESS: _____ YOUR LOCAL #: _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO STATE LEGISLATIVE DIRECTOR.

Return to: Joseph C. Szabo, State Director, 8 S. Michigan Ave., Suite 2006, Chicago, IL 60603