

# U.T.U. RUNAROUND CLAIM FORM

DATE: \_\_\_\_\_

TO: CREW SUPERVISOR,  
B.C. RAIL, NORTH VANCOUVER, B.C.

NAME: \_\_\_\_\_ S.R.B. NUMBER \_\_\_\_\_

## PARTICULARS OF CLAIM:

(Please include dates, times and article of Collective Agreement that claim is made under.)

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COMPENSATION REQUESTED; \_\_\_\_\_

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PLEASE ATTACH ALL RELEVANT INFORMATION TO THIS FORM WHEN PROCESSING CLAIM.  
PLEASE SEND COPY TO LOCAL CHAIRPERSON.

\_\_\_\_\_  
SIGNED

## FOR UNION USE:

Progress of Claim:	Claim filed	Date _____
	Step One	Date _____
	Step Two	Date _____
	Ref. to Arbitration	Date _____
	Arbitration	Date _____